

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. VIRGINIA CALAYAG	9607 66 th ST Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/5/11
2. Darlene Kelly	9404 67 th ST Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/5/11
3. Tim Stearns	10124 70 th ST. Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/5/11
4. RICHARD BALABANO	11004 67 th ST. KENOSHA, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	4/5/11
5. Dan Mueller	6822 104 th Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/5/11
6. Lauren Langwinski	6935 97 th Ave Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/5/11
7. JAMES A. LALCO	6724 111 th Ave KENOSHA, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	4/5/11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Chelene K. Hutchinson, **Certification of Circulator**, certify:

I reside at 4421- Harrison Rd. Kenosha, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-5-11

(signature of circulator)

Chelene K. Hutchinson

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1801

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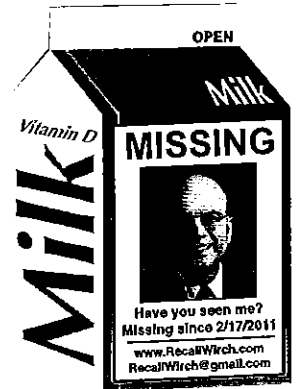
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1. <u>JAMES GRIFFIN</u>	<u>7107 104th AVE #E</u> <u>KENOSHA, WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4-5-11</u>
2. <u>Ryan MacDonald</u>	<u>1110 75th St Apt 203</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
3. <u>Beth Humphreys</u>	<u>1118-64th St.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
4. <u>Jennifer Hendra</u>	<u>6829 103rd Ave</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
5. <u>Wanda P. Zahay</u>	<u>7203 - D - 96th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
6. <u>Randy Zahay</u>	<u>7211-R 98th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
7. <u>[Signature]</u>	<u>10105 67th St</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
8. <u>Paw Abts</u>	<u>6312 96th Ave</u> <u>Kenosha, WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
9. <u>Kelma Abts</u>	<u>6312 96th Ave</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
10. <u>Cara Zwieschowski</u>	<u>10513 67th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>

I, Colana K. Hutchinson, certify:

I reside at 4421- Harrison Rd. Kenosha, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Colana K. Hutchinson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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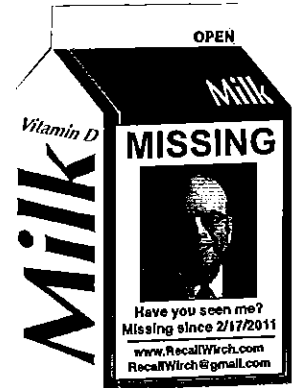
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1. <u>Matthew J. Jaramila</u>	<u>7105 104th Ave Unit H</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
2. <u>Arnell F. Jones</u>	<u>6804 152nd Ave</u> <u>53142 Kenosha, WI.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
3. <u>Cindy Bridlema</u>	<u>6120 111th Avenue</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
4. <u>Oliver J. Jaramila</u>	<u>7008 155th AVE</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
5. <u>D. Smith</u>	<u>2102 95th Ave.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kevin K. Hutchinson **Certification of Circulator**, certify:

I reside at 4421 Harrison Road Kenosha, WI 53142
(circulator's residence - include number, street, and municipality)

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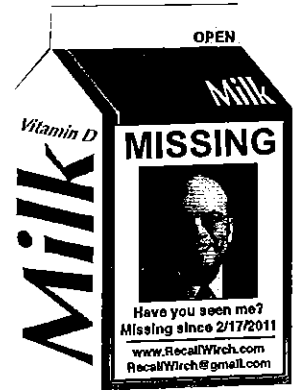
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1. <u>ES Calaway</u>	<u>9607 66th St</u> <u>Kenosha, WI, 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
2. <u>Tim R. Brown</u>	<u>7200 75th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
3. <u>Paul R. Hill</u>	<u>6417 76th</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4.5.11</u>
4. <u>Beth Muller</u>	<u>10916-152nd Ave.</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>4.5.11</u>
5. <u>Ann R. Brown</u>	<u>9410 91st Street</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
6. <u>Steph Hill</u>	<u>6136 10th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
7. <u>Samuel Hill</u>	<u>6136 10th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-2011</u>
8. <u>William W. Brown Sr</u>	<u>10912 75th St</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
9. <u>Chandra Jeanette</u>	<u>6534-38th Ave.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
10. <u>Dexter Willick</u>	<u>9308 168th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>04/05/11</u>

Certification of Circulator

I, Kevin K. Hutchinson, certify:

(name of circulator)

I reside at 4421 Harrison Rd. Kenosha, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Kevin K. Hutchinson
(signature of circulator)

Please mail this form to:

Recall Wirch

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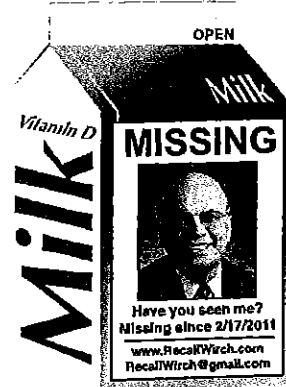
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1. <u>Don Kohd</u>	<u>8443 Northview Dr</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>Debra J. Stasior</u>	<u>8025 100th Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	<u>4-5-11</u>
3. <u>Ann Chue</u>	<u>7947 107th Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>Janet E. Jih</u>	<u>7857-115th Avenue</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	<u>4/5/11</u>
5. <u>John G. Le</u>	<u>10806 84th Pl</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pl. Prairie <input type="checkbox"/> City	<u>4/5/11</u>
6. <u>[Signature]</u>	<u>9903 WILMOT RD</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pl. Prairie <input type="checkbox"/> City	<u>4/5/11</u>
7. <u>Karen Skund</u>	<u>10205 82nd St</u> <u>PP</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pl. Prairie <input type="checkbox"/> City	<u>4/5/11</u>
8. <u>Kimberly Mittelstaedt</u>	<u>8510 82nd St. #310</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pl. Prairie <input type="checkbox"/> City	<u>4/5/11</u>
9. <u>Peggy Hirsch</u>	<u>8450 82nd St Apt 201</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pl. Prairie <input type="checkbox"/> City	<u>4/5/11</u>
10. <u>[Signature]</u>	<u>8630 82nd St 203</u> <u>PL PRAIRIE, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village PL Prairie <input type="checkbox"/> City	<u>4/5/11</u>

Certification of Circulator

I, Geri Dougherty, certify:

(name of circulator)

I reside at 9500 - 81st # 317 Pleasant Prairie

(circulator's residence - include number, street, and municipality)

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Geri Dougherty
(signature of circulator)

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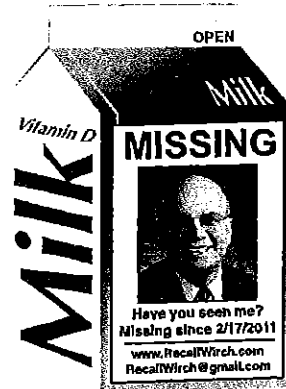
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2. <u>William Forster</u>	<u>" "</u> <u>Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
3. <u>Cliff</u>	<u>7818 105th Ave</u> <u>Pleasant Pr.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
4. <u>Kathy Libbe</u>	<u>10227 82nd St</u> <u>PO WI 53150</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
5. <u>W. A.</u>	<u>10409 69th St</u> <u>Kenosha W. 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
6. <u>Sharon Dzidzicki</u>	<u>" " "</u> <u>" " "</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
7. <u>JUSTIN DZIDZICKI</u>	<u>" " "</u> <u>" " "</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
8. <u>Greg Muesel</u>	<u>11104 79th St</u> <u>Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4/5/11</u>
9. <u>Shelly Pinter</u>	<u>11418 79th Pl</u> <u>Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
10. <u>Phillip Petronick</u>	<u>10619 82nd Street</u> <u>Pleasant Prairie WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>

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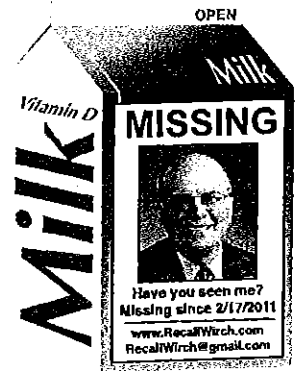
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	10312 82 nd ST Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	4/5/11
2. M. Keegan	11101 84 th ST Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5/11
3.	9494 East Ridge Dr Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5/11
4. Dorothy J. Clark	7801-88 th Ave #259 Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5-11
5. Jani Bone	8021-109 th Ave Pleasant Prairie WI 53155	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4-5-11
6. Judy B. B. B.	8735 W Ridge Dr PLEASANT PRAIRIE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4-5-11
7.	10823 75 th ST Kenosha WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4-5-11
8.	7800-88 th AVE PLEASANT PRAIRIE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4-5-11
9. Shereen Thersm	8477 East Ridge Dr. Pl. Prairie WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4-5-11
10. Mary Murray	9500 81 st ST Pl. Prairie WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4-5-11

Certification of Circulator

I, Geri Dougherty (name of circulator), certify:

I reside at 9500-81st #317 Pleasant Prairie
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

04/5/11
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

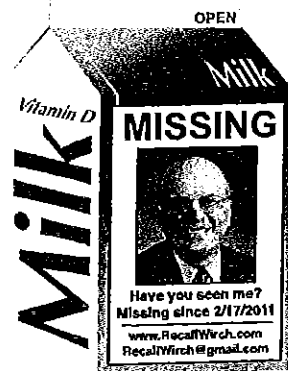
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mary Wornack	8580 Foxington	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	04/5/11
2. Barbara Ruffe	4500 81st St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	04/5/11
3. Winston Eaddy	4506 Pigot	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	04/5/11
4. Gary Young	2437 VIOMATA	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5/11
5. Paul & Cathy	7937 109th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5/11
6. Greg Allila	P.O. Box 53158 8000-109 AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5/11
7. Daniel Zapp	PL PR 53158 8117 102th AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5/11
8. Sue Dacus	8042 104th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5/11
9. Lee Bauer	P.O. WI 53158 8042 104th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5/11
10. Ann Thompson	P.O. WI 53158 9500-81st	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village " " <input type="checkbox"/> City	4/5/11

Certification of Circulator

I, Geri Dougherty

(name of circulator)

, certify:

I reside at 9500-81st #317 Pleasant Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

04/5/11
(date)

Geri Dougherty
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

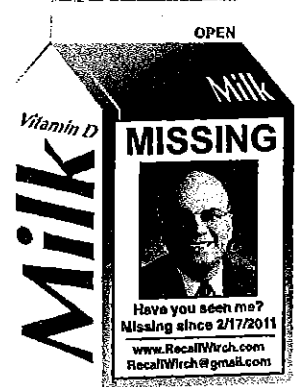
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Ferna Yague</u>	<u>8117 107th Ave</u> <u>Pleasant Prairie, WI</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>Ken Ruckler Jr</u>	<u>10968 RAIL STATION RD</u> <u>Pleasant Prairie Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4/5/11</u>
3. <u>Heidi Mc...</u>	<u>16806 84th Pl</u> <u>PLEASANT PR, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PLEASANT PRAIRIE</u> <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>Miguel...</u>	<u>7919-109th Ave.</u> <u>Pleasant Pr., WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Pr.</u> <input type="checkbox"/> City	
5. <u>[Signature]</u>		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
6. <u>[Signature]</u>	<u>7801-88th Ave #50</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <u>Pleasant Prairie</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
7. <u>Dorothy Zorn</u>	<u>7801-88th Ave #50</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village, " <u>"</u> " <input type="checkbox"/> City	<u>4/5/11</u>
8. <u>Robert Mercer</u>	<u>8040 103rd Ave</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4/5/11</u>
9. <u>C. Michael Zorn</u>	<u>11704 79th Place</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4/5/11</u>
10. <u>Amberly Shymanski</u>		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4/5/11</u>

Certification of Circulator

I, Geri Dougherty, certify:

(name of circulator)

I reside at 9500 - 81st #317 Pleasant Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

04/5/11
(date)

Geri Dougherty
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

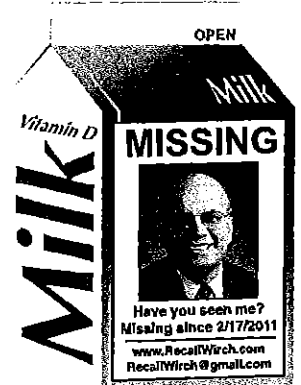
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Hilary Volk</u>	<u>8529-110th Avenue</u> <u>Pleasant Prairie, WI 53157</u>	<input checked="" type="checkbox"/> Town <u>Pleasant Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
2. <u>Elizabeth Odum</u>	<u>10622-82nd St.</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <u>u</u> <input checked="" type="checkbox"/> Village <u>n</u> <input type="checkbox"/> City	<u>4-5-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Geri Dougherty

(name of circulator)

, certify:

I reside at

9580-81st #317

(circulator's residence - include number, street, and municipality)

Pleasant Prairie

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

04/05/11
(date)

Geri Dougherty
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to facilitate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kathleen Basler</u>	<u>510 65th ST.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/24/11</u>
2. <u>DANIEL VOIGT</u>	<u>12207 87th AVE</u> <u>PL. PRAIRIE, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>KENOSHA</u>	<u>3-3-11</u>
3. <u>LORI MARTIN</u>	<u>5210 65th PL</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
4. <u>John Basler</u>	<u>7700 Cooper Rd</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/16/11</u>
5. <u>Kathleen Basler</u>	<u>7700 Cooper Rd</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/16/11</u>
6. <u>Lauren Walker</u>	<u>4137 Prairie Village Dr</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-19-11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, NED BROOKS

(name of circulator)

, certify:

I reside at 4137 Prairie Village Dr. Pleasant Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1811

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

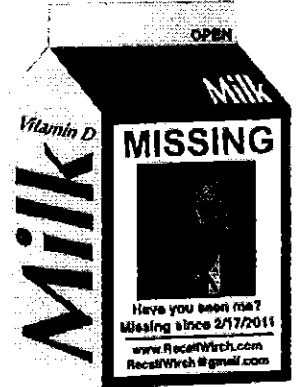
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Carl Karow</u>	<u>890 Karow Rd</u> <u>Twin Lakes WI 53181</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3/1/11</u>
2. <u>Tim B.</u>	<u>343 Sunset Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3/1/11</u>
3. <u>Jim Blom</u>	<u>720 Ridge Ct.</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3/1/11</u>
4. <u>Kenneth B. Richards</u>	<u>117 PROSSER ST.</u> <u>SILVER LAKE, WI 53120</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>SILVER LAKE</u> <input type="checkbox"/> City	<u>03-0-11</u>
5. <u>Gary Chapman</u>	<u>27008 90th St</u> <u>SALEM, WI 53108</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>SALEM</u> <input type="checkbox"/> City	<u>3-1-11</u>
6. <u>Paul Obermeyer</u>	<u>8800 Fox Run Rd</u> <u>Dorchester, WI (SALEM)</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>SALEM</u> <input type="checkbox"/> City	<u>3-1-11</u>
7. <u>John Blue</u>	<u>SILVER LAKE, WI</u> <u>317 N LAKE ST #5</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Silver Lake</u> <input type="checkbox"/> City	<u>3/1/11</u>
8. <u>Judy Klumholz</u>	<u>26000 Silver Lake Rd</u> <u>Salem WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem</u> <input type="checkbox"/> City	<u>3/1/11</u>
9. <u>Nancy Van Bogaert</u>	<u>416 CEDARWELL DR</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>SILVER LAKE</u> <input type="checkbox"/> City	<u>3/1/11</u>
10. <u>William Haase</u>	<u>Paddock Tr.</u> <u>24903-71 St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock LK.</u> <input type="checkbox"/> City	<u>3-2-11</u>

Certification of Circulator

I, JACK LAMME, certify:

(name of circulator)

I reside at 10812 269th Ave Trevor, WI 53179 Salem
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Jack Lamme
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1812

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>James La Men</u>	<u>10812 269th Ave</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>2/28/11</u>
2. <u>Jack Sawyer</u>	<u>1300 Karw Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>2/28/11</u>
3. <u>David Ehler</u>	<u>11624-304th Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem</u> <input type="checkbox"/> City	<u>3/1/11</u>
4. <u>Michael R. Ziegler</u>	<u>26000 Salem Vic Silver Lake Rd</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/1/11</u>
5. <u>Doyle R. Tuley</u>	<u>9 SPARE ST SILVER LAKE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>SILVER LAKE</u> <input type="checkbox"/> City	<u>3/1/11</u>
6. <u>Rhonda G. Peterson</u>	<u>10628-269th AVE</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/1/11</u>
7. <u>James Peterson</u>	<u>10628-269th AVE Trevor WI</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/1/11</u>
8. <u>Theresa Mathis</u>	<u>25614-116th St.</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/3/2011</u>
9. <u>Larry R. Ruler</u>	<u>3111 288th Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Brighton</u> <input type="checkbox"/> City	<u>3-4-11</u>
10. <u>M. Oby</u>	<u>3311 Water</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>SILVER LAKE</u> <input type="checkbox"/> City	<u>3.4.11</u>

Certification of Circulator

I, JACK SAWYER, certify:

(name of circulator)

I reside at 10812 269th Ave Trevor, WI 53179 Salem

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/5/11

(signature of circulator)

Jack Sawyer

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1813

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Ly A. Faber</u>	<u>8618 221st AVE.</u> <u>SALEM WI. 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>2-28-11</u>
2. <u>Deirdre Faber</u>	<u>9747 CAMP LAKE RD.</u> <u>CAMP LAKE 53109</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>2-28-11</u>
3. <u>Deirdre Faber</u>	<u>9747 CAMP LAKE RD.</u> <u>CAMP LAKE 53109</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>2-28-11</u>
4. <u>Deirdre Faber</u>	<u>9747 CAMP LAKE RD.</u> <u>CAMP LAKE 53109</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/1/11</u>
5. <u>Krista Carter</u>	<u>2330 E 82nd PL</u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/4/11</u>
6. <u>John James Schenck</u>	<u>SILVER LAKE WIS</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>SILVER LAKE</u>	<u>3-4-11</u>
7. <u>Don Rodriguez</u>	<u>26823 10th ST</u> <u>TANUOK WIS 53109</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-16-11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JACK LAMPEL, certify:

(name of circulator)

I reside at 10812 269th Ave Tirore WI 53179 Salem
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Jack Lampel
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Paul R Meyer</u>	<u>8406 McHenry St.</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-8-11</u>
2. <u>Donna M. Meyer</u>	<u>8406 McHenry St</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-9-11</u>
3. <u>Robin H. Anderson</u>	<u>35405 Warren Rd.</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-9-11</u>
4. <u>Victoria L. Anderson</u>	<u>35405 Warren Rd.</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-9-11</u>
5. <u>Victoria Krenier</u>	<u>35405 Warren Rd</u> <u>Burlington Wi</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-9-11</u>
6. <u>Lang S. Mott</u>	<u>8260 McHenry St</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-9-11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jack LaMeel, certify:

I reside at 10812 269th Ave Trevor, WI 53179 Salem
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1815

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-3003, harrisa@gab.wis.gov email: gab@wis.gov

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

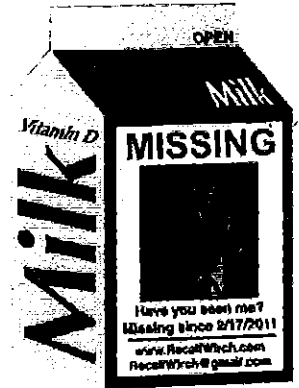
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Charles Johnson</u>	<u>9720 269th Ave</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-1-11</u>
2. <u>Kim Johnson</u>	<u>9720 269th Ave</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-1-11</u>
3. <u>Carl Zumbach</u>	<u>9708 - 269th Ave</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-2-11</u>
4. <u>David Wesolowski Jr</u>	<u>9720 269th Ave</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-2-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jack LaMeer, certify:

(name of circulator)

I reside at 10812 269th Ave Trevor, WI 53129 Salem

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Jack LaMeer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

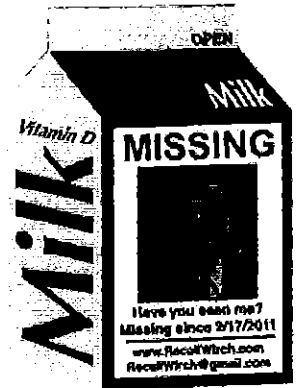
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>12573 304 Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/4/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JACK LA MEER, certify:

(name of circulator)

I reside at 10812 269th Ave Trevor, WI 53179 Salem.

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

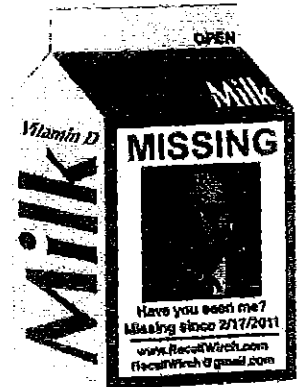
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jake O'Connell</u>	<u>636 S. Casswell Dr</u> <u>Silver Lake WI 53170</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Silver Lake</u> <input type="checkbox"/> City	<u>3-8-11</u>
2. <u>Judith Schwartz</u>	<u>416 So. Casswell</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Silver Lake</u> <input type="checkbox"/> City	<u>3-8-11</u>
3. <u>Jim M. Hare</u>	<u>410 S. Casswell</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>SILVER LAKE</u> <input type="checkbox"/> City	<u>3-8-11</u>
4. <u>R. K. Is</u>	<u>316 E. Northwater St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Silver Lake</u> <input type="checkbox"/> City	<u>3-8-11</u>
5. <u>Mary Nelson</u>	<u>Box 826</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Silver Lake</u> <input type="checkbox"/> City	<u>3-16-11</u>
6. <u>[Signature]</u>	<u>7732 241st Ave</u> <u>Paddock Lake WI 53105</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>3-16-11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JACK LA MEEL, certify:

(name of circulator)

I reside at 10812 269th Ave Trevor WI 53179 Salem

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

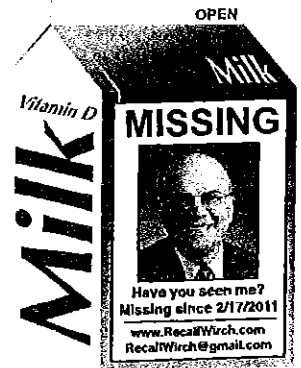
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jane M. Allen</u>	<u>8128 Cooper Rd.</u> <u>Kenosha, WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4/2/11</u>
2. <u>Donna G. Heggenpahl</u>	<u>5815-82nd St.</u> <u>NEWOSHA, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4-2-11</u>
3. <u>Judy Demko</u>	<u>5405 86th St.</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4-2-11</u>
4. <u>Kelly Kuntz</u>	<u>5301-86th Place</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant</u>	<u>4-2-11</u>
5. <u>Robert Othman</u>	<u>8513-48th Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>4-2-11</u>
6. <u>Paula Bush</u>	<u>4932-87th Pl.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4-2-11</u>
7. <u>Richard Jones</u>	<u>4617-87th Pl</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha city</u>	<u>4-2-11</u>
8. <u>[Signature]</u>	<u>16506 75th STREET</u> <u>BRISTOL, WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BRISTOL</u>	<u>02 APR 11</u>
9. <u>[Signature]</u>	<u>10906 87th St</u> <u>Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4-3-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Deborah A. Prijić

(name of circulator)

, certify:

I reside at 4816 84th Street, Kenosha, WI 53142 Pleasant Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

April 4, 2011
(date)

Deborah A. Prijić
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

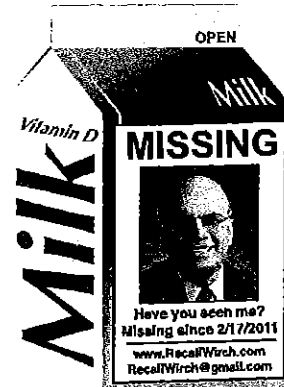
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(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>10330-29 AVE</u>	<input checked="" type="checkbox"/> Town <u>Pleasant</u> <input checked="" type="checkbox"/> Village <u>Prairie</u> <input type="checkbox"/> City	<u>4-4-2011</u>
2. <u>[Signature]</u>	<u>10330-29 AVE</u>	<input checked="" type="checkbox"/> Town <u>Pleasant</u> <input checked="" type="checkbox"/> Village <u>Prairie</u> <input type="checkbox"/> City	<u>4-4-2011</u>
3. <u>[Signature]</u>	<u>10425 55th Ave</u>	<input checked="" type="checkbox"/> Town <u>Pleasant</u> <input checked="" type="checkbox"/> Village <u>Prairie</u> <input type="checkbox"/> City	<u>4-4-2011</u>
4. <u>[Signature]</u>	<u>10425 55th Ave</u>	<input checked="" type="checkbox"/> Town <u>Pleasant</u> <input checked="" type="checkbox"/> Village <u>Prairie</u> <input type="checkbox"/> City	<u>4-4-2011</u>
5. <u>[Signature]</u>	<u>3938 81st St</u> <u>Unit 2F</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-2011</u>
6. <u>[Signature]</u>	<u>7826-27th AVE</u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-2011</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Greg Nelson, certify:
(name of circulator)

I reside at 10330-29 AVE Pleasant Prairie, WI, 53158
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

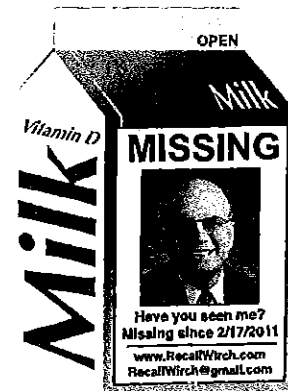
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Paul Zimmerman</u>	<u>8346 60th ave</u> <u>P.P.</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4/6/11</u>
2. <u>Stacy Zimmerman</u>	<u>8346 60th ave</u> <u>P.P.</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4/6/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, PAUL Zimmerman, certify:

(name of circulator)

I reside at 8346 60th avenue Pleasant Prairie WI 53158

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/6/11
(date)

Paul Zimmerman
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Carole Paricka</u>	<u>6600 - 32nd AVENUE</u> <u>KENOSHA WI 53142</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/25/11</u>
2. <u>John Paricka</u>	<u>6600 - 32nd Ave</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/25/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, CAROLE PARICKA, certify:
(name of circulator)

I reside at 6600 - 32nd AVENUE Kenosha, WI 53142-3416
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3/25/11
(date)

Carole Paricka
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1822

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

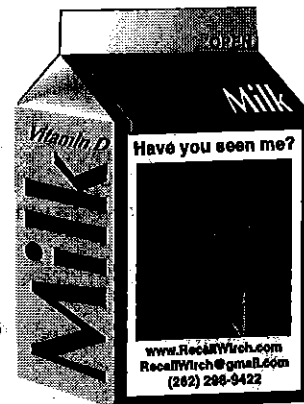
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Sam Taber</u>	<u>1112 S. Honey Lake Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
2. <u>Sharon Taber</u>	<u>1112 S. Honey Lake Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, SAM TABER, certify:

I reside at: 1112 S. Honey Lake Rd Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Pat R. H...</u>	<u>4715 40th AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/18/11</u>
<u>Viola D. H...</u>	<u>4715 - 41st AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/18/11</u>
3. <u>Francis P...</u>	<u>5117 Springbrook</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/18/11</u>
4. <u>Chris Robbins</u>	<u>5117 Springbrook</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-18-11</u>
5. <u>Don S...</u>	<u>5630 116th Street</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-18-11</u>
6. <u>Ruth Aldrich</u>	<u>6020 116th Street</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-21-11</u>
7. <u>Loy Aldrich</u>	<u>6020 116th ST.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3-21-11</u>
8. <u>Orville J...</u>	<u>5317 - 44th AVE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>KENOSHA</u>	<u>3-21-11</u>
9. <u>Theresa F...</u>	<u>9834 23rd Ct</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-21-11</u>
10. <u>Kristen Gray</u>	<u>4738 Dorset Unit F</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3/21/11</u>

Certification of Circulator

I, D'ANN JOHNSON, certify:
(name of circulator)

I reside at 7103 93rd AVE, KENOSHA WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

03/21/2011
(date)

D'Ann Johnson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

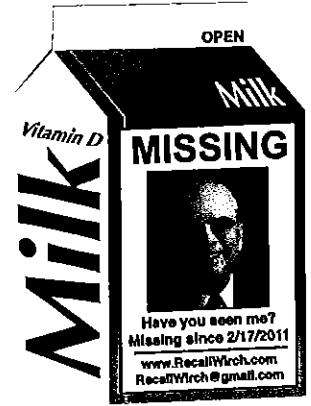
We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. DAVID WENTE	612 - 74 th ST.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	3/6/11
2. <i>[Signature]</i>	8939 33rd Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/11/11
3. Bill Collins	11964 24th Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3/24/11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Michael Thomas Burke, **Certification of Circulator**, certify:
(Name of circulator)
I reside at 4209 68th Street Kenosha WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition and aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
(date) 4/5/11 (signature of circulator) *[Signature]*

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1825

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>David Boettcher</u>	<u>340 Highridge Rd</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>30 MAR 11</u>
2. <u>Deanna Boettcher</u>	<u>340 Highridge Rd</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>30 mar 11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Deanna Boettcher (name of circulator), certify:

I reside at 340 Highridge Rd Burlington WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/30/11
(date)

D Boettcher
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

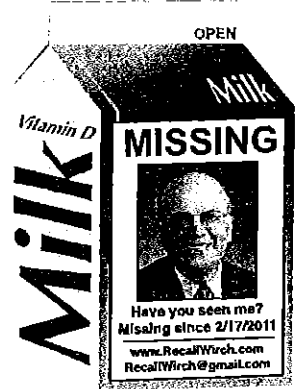
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Burkhard Hartmann</u>	<u>1011 288th Ave</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <u>BRIGHTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-19-11</u>
2. <u>[Signature]</u>	<u>111 N. Maple Lane</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Keshota</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/22/11</u>
3. <u>Judy David</u>	<u>30817 Ketterhagen</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/22/11</u>
4. <u>[Signature]</u>	<u>2317 RED OAK DR</u> <u>BURLINGTON, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>BURLINGTON</u> <input type="checkbox"/> City	<u>3/22/11</u>
5. <u>Maicia Klein</u>	<u>2317 Red Oak Dr</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Burlington</u> <input type="checkbox"/> City	<u>3-22-11</u>
6. <u>[Signature]</u>	<u>3815 LAKE ST</u> <u>BURLINGTON WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Furber</u> <input type="checkbox"/> City	<u>3/22/11</u>
7. <u>[Signature]</u>	<u>24801 31st St</u> <u>SALEM, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>BRIGHTON</u> <input type="checkbox"/> City	<u>4/5/11</u>
8. <u>[Signature]</u>	<u>4810 301 Ave</u> <u>Salem, WI 53108</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Brighton</u> <input type="checkbox"/> City	<u>4/5/11</u>
9. <u>[Signature]</u>	<u>4810 301 Ave</u> <u>Salem, WI 53108</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Brighton</u> <input type="checkbox"/> City	<u>4/5/11</u>
10. <u>[Signature]</u>	<u>29715 41st St</u> <u>SALEM, WI 53108</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>BRIGHTON</u> <input type="checkbox"/> City	<u>4/5/11</u>

Certification of Circulator

I, WILLIAM H. STONE, certify:
(name of circulator)

I reside at 1072 288th Ave — TOWNSHIP OF BRIGHTON
BURLINGTON, WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

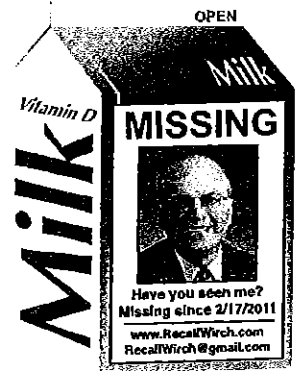
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Paul Nys</u>	<u>26135 31st Street</u> <u>Salem WI 53108</u>	<input checked="" type="checkbox"/> Town <u>Brighton</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/4/2011</u>
2. <u>MARTY ALLEN</u> <u>Marty Allen</u>	<u>1307 240TH AVE</u> <u>KANSASVILLE, WI</u>	<input checked="" type="checkbox"/> Town <u>Brighton</u> <input type="checkbox"/> Village <u>KANSASVILLE</u> <input type="checkbox"/> City	<u>4/4/11</u>
3. <u>Jason Alsdorfer</u> <u>Jason Alsdorfer</u>	<u>450 224th Ave</u> <u>Kansasville WI 53139</u>	<input checked="" type="checkbox"/> Town <u>Brighton</u> <input type="checkbox"/> Village <u>KANSASVILLE</u> <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>KEVIN PORTER</u> <u>Kevin Porter</u>	<u>27809 1st St</u> <u>KANSASVILLE, WI 53139</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Brighton</u> <input type="checkbox"/> City	<u>4/5/11</u>
5. <u>Larry Clark</u> <u>Larry Clark</u>	<u>701 248th Ave</u> <u>Kansasville WI 53139</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Brighton</u> <input type="checkbox"/> City	<u>4/5/11</u>
6. <u>Scott Blume</u> <u>Scott Blume</u>	<u>1480 240th</u> <u>KANSASVILLE WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Brighton</u> <input type="checkbox"/> City	<u>4/5/11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, WILLIAM H. STONE, certify:

(name of circulator)

I reside at 1072 288th Ave — TOWNSHIP OF BRIGHTON
BURLINGTON, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

William H. Stone
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

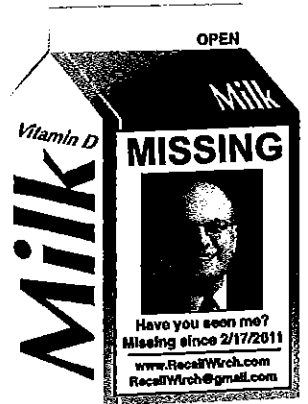
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Tory Szikal</u>	<u>8426 - 22ND DR</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/11</u>
2. <u>Dana Goff</u>	<u>1253 - 30th WB</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/7/11</u>
3. <u>Lorrita Wolfe</u>	<u>8351 Sheridan Rd.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/10/11</u>
4. <u>Carol Hellmore</u>	<u>8041 19th AV</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/14/11</u>
5. <u>Kate Nelson</u>	<u>3122 13th St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/14/11</u>
6. <u>Mary Muto</u>	<u>3528 - 89th Street</u> <u>#101</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/14/11</u>
7. <u>Caroline Muto</u>	<u>3528 - 89th Street</u> <u>#101</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/14/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Darlene J. Brodzieski, certify:
(name of circulator)

I reside at 3927 - 48th Avenue - Kenosha, WI 53144
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Darlene J. Brodzieski
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1829

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

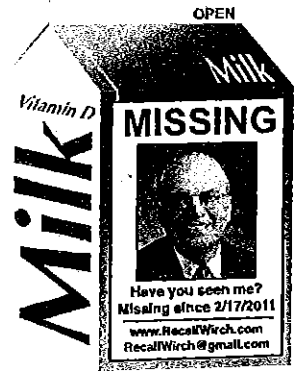
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>8119 64th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/19/2011</u>
2. <u>[Signature]</u>	<u>8119 64th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/19/2011</u>
3. <u>BARB WALLER</u>	<u>1450-29 CT</u> <u>Kenosha Wis 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/19/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Matthew Raymond Hanson, certify:

(name of circulator)

I reside at 1720-21 St. Kenosha WI 53140

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11

(date)

[Signature]

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

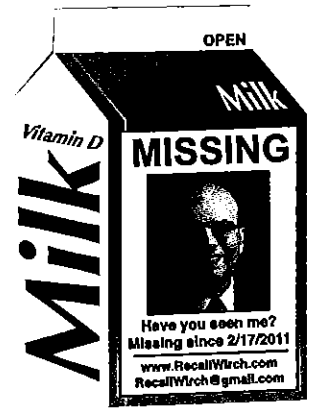
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jeannette Hanson</u>	<u>7610 16th Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2.26.11</u>
2. <u>Donna Hanson</u>	<u>1720 - 21st St</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2.26.11</u>
3. <u>Ron Teed</u>	<u>6210 34th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2.27.11</u>
4. <u>Danielle Teed</u>	<u>6210 34th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2.27.11</u>
5. <u>Matthew Raymond Hanson</u>	<u>1720 - 21st St.</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Matthew Raymond Hanson **Certification of Circulator**, certify:

I reside at 1720 - 21st St. Kenosha WI 53140
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11
(date)

Matthew Raymond Hanson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1831

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

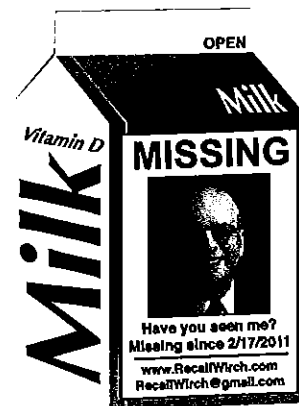
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Bryan W...</u>	<u>7028-30 Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>2-26-11</u>
2. <u>[Signature]</u>	<u>172 Karyl ST</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>2/26/11</u>
3. <u>Melissa P...</u>	<u>172 Karyl ST</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>2/26/11</u>
4. <u>MORGAN SWADE</u>	<u>Kenosha WI 53143</u> <u>8615 Lake Shore Drive</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/26-11</u>
5. <u>Kayla Fawcett</u>	<u>Kenosha WI 53140</u> <u>5015 25th Ave 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/26/11</u>
6. <u>Steve Rammis</u>	<u>24602 67th</u> <u>SALEM WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PADDOCK LAKE</u>	<u>2/1/11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, MARVIN HAYNES **Certification of Circulator**, certify:
(name of circulator)
I reside at 24602 67th ST. SALEM, WI 53168 PADDOCK LAKE
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Marvin Haynes
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1832

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

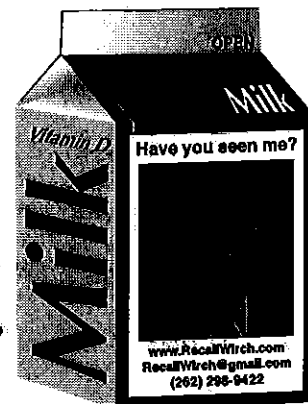
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Richard Penoske</u>	<u>332 MONICA AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-31-11</u>
2. <u>Dianna Penoske</u>	<u>332 Monica Ave.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/31/11</u>
3. <u>Maryanne Hoffman</u>	<u>318 Monica Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/1/11</u>
4. <u>BARBARA A. Popp</u>	<u>306 Monica Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-1-11</u>
5. <u>Gerald Popp</u>	<u>306 MONICA AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>"</u>	<u>4/1/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, X Richard Penoske, certify:

(name of circulator)

I reside at X 332 Monica Ave Burlington, WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-1-11

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

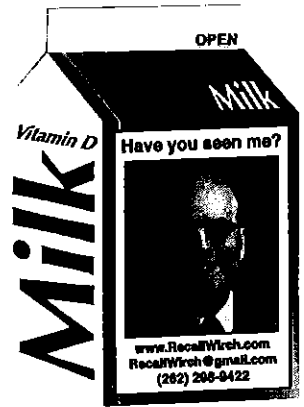
petition for the recall of Robert Wirth 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Marilyn Knight</i>	<i>9038-24 Ave Kenosha WI 53143</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Pleasant Prairie</i> <input type="checkbox"/> City	<i>4/5/2011</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Marilyn Knight*, certify:
(name of circulator)
I reside at *9038-24 Ave, Kenosha WI 53143 Pleasant Prairie*
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/2011
(date)

Marilyn Knight
(signature of circulator)

Please mail this form to:

Recall Wirth

P.O. Box 26 • Silver Lake, WI 53170

Page No. *1834*

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

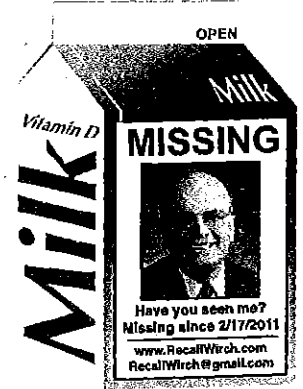
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kathy Spiegelhoff</u>	<u>651 S. Browns Lake Dr.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
2. <u>Gregory W. W.</u>	<u>801 Uhen CT</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
3. <u>Thomas J. Wherry</u>	<u>816 Ridgeman Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
4. <u>F. Schlegel</u>	<u>801 Browns Lake Dr</u> <u>#212</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
5. <u>Antonia P. La</u>	<u>233 Parkview Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
6. <u>Seni Rael</u>	<u>848 Ridgeman Dr.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
7. <u>Jan Mueller</u>	<u>341 EDWARD STREET</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
8. <u>Janie Mathisen</u>	<u>348 Edward St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
9. <u>Michael Tapp</u>	<u>332 Henry St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
10. <u>Luis Gutierrez</u>	<u>244 Parkview Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>

Certification of Circulator

I, Jeff Kraschnewski, certify:

(name of circulator)

I reside at 1100 Crossway Rd. Burlington, WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

[Signature]
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

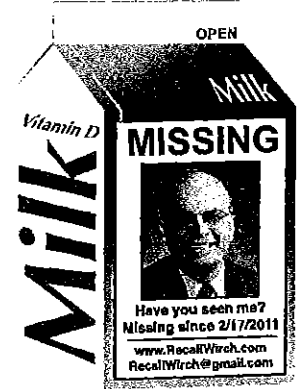
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>M. M. Grisman</u>	<u>416 E. Washington</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/5/2011</u>
2. <u>[Signature]</u>	<u>401 Union St.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/5/2011</u>
3. <u>[Signature]</u>	<u>425 S. Kendrick Ave</u> <u>1</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
4. <u>Jennifer Hudson</u>	<u>600 Meadow Ln</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
5. <u>Ken Rach</u>	<u>848 Ridgeman Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
6. <u>Sister Eastwell</u>	<u>439 Dale DR</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
7. <u>[Signature]</u>	<u>1100 Crossway Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
8. <u>Judith Kraschewski</u>	<u>1100 Crossway Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Judith Kraschewski, certify:
(name of circulator)

I reside at 1100 Crossway Rd Burlington, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Judith Kraschewski
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

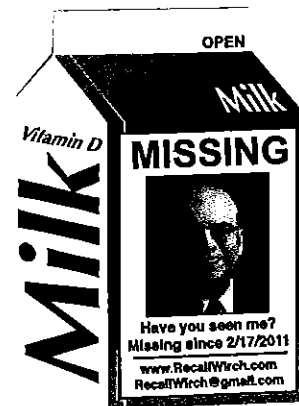
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>John Bastuch</u>	<u>341 Robins Run</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/7/11</u>
2. <u>[Signature]</u>	<u>400 N. Pole St Apt E</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/7/11</u>
3. <u>Beth Mahlum</u>	<u>424 Broadway St</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-11-11</u>
4. <u>John Anabylon</u>	<u>516 Kendall St</u> <u>Burlington WI.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-11-11</u>
5. <u>Louise Wagoner</u>	<u>200 Mich St</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/11/11</u>
6. <u>Terry Whitted</u>	<u>416 Storke</u> <u>Burl, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/14/11</u>
7. <u>Cecilia Salas</u>	<u>459 W Chestnut St.</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/14/11</u>
8. <u>Julia Raup</u>	<u>425 Park Ave</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/15/11</u>
9. <u>Leah Miller</u>	<u>14050 River Knoll</u> <u>BURLINGTON WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/28/11</u>
10. <u>[Signature]</u>	<u>303 Conkey St.</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/4/11</u>

I, MARK STARZYK

Certification of Circulator

certify:

I reside at 39405 92nd R Powers Lake WI 53159 PO Box 156 Randall
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-4-11

(signature of circulator)

Mark Starzyk

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1837

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

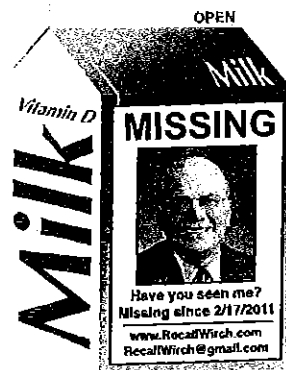
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Leon V. Siergawski</u>	<u>8403 25th AVE</u> <u>MENOSHA, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-7-11</u>
2. <u>Margaret Siergawski</u>	<u>8403 25 Ave</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-7-11</u>
3. <u>Ronald Kovanoff</u>	<u>6605-49 AVE</u> <u>KENOSHA</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-7-11</u>
4. <u>Susan H. Hoss</u>	<u>6532 - 7th Ave</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-16-11</u>
5. <u>Brent Hall</u>	<u>5121 32nd Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-16-11</u>
6. <u>Marhepka</u>	<u>5122 101 ST</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-16-11</u>
7. <u>Donna Ojawa</u>	<u>9274 - Creekside Dr</u> <u>Pleasant Pr. WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Pr.</u>	<u>3-24-11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, William Means, certify:

(name of circulator)

I reside at 3461 109th STREET, Pleasant Prairie WI 53158-4106

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-1-2011
(date)

William Means
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>D. Oliver W. Whetstone</u>	<u>2567 Lincoln Road</u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
2. <u>Barbara Whetstone</u>	<u>2567 Lincoln Rd</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Oliver W. Whetstone, certify:
(name of circulator)

I reside at 542 11th Pl. Kenosha, Wisc. 53140
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

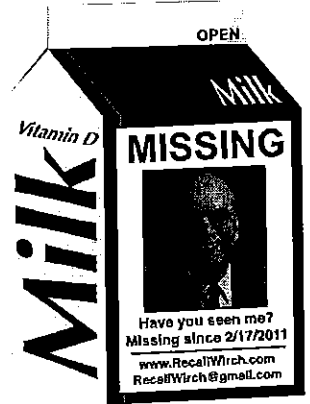
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Roger H. Phelps</u>	<u>11934 187th AVE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>BRISTOL</u> <input type="checkbox"/> City	<u>4/5/2011</u>
2. <u>Dan H. Phelps</u>	<u>11934 187 AVE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>BRISTOL</u> <input type="checkbox"/> City	<u>4/6/2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, ROGER H. PHELPS, certify:

(name of circulator)

I reside at 11934 187th AVE, BRISTOL, WI 53104
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/6/11

(signature of circulator)

Roger H. Phelps

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1840

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Yolanda Peterson</u>	<u>11926 333rd AVE</u> <u>TWIN LAKES WI 53181</u>	<input checked="" type="checkbox"/> Town <u>RANDALL</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/8/11</u>
2. <u>Thomas Peterson</u>	<u>11926 333rd AVE</u> <u>TWIN LAKES WI 53181</u>	<input checked="" type="checkbox"/> Town <u>RANDALL</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/8/11</u>
3. <u>Kathy J Woods</u>	<u>466 S Cogswell</u> <u>Silver Lake WI 53170</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>SILVER LAKE</u> <input type="checkbox"/> City	<u>4/4/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, KATHY J WOODS, certify:

(name of circulator)

I reside at 102 E CHESTNUT ST SILVER LAKE WI 53170

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-7-2011
(date)

Kathy J. Woods
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

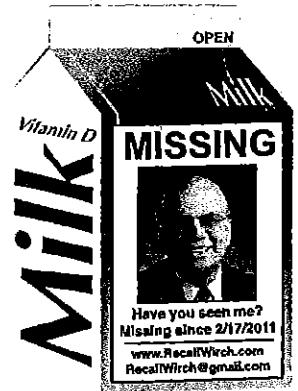
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>John Soens</u>	<u>3524-7th Ave Apt 235</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-17-11</u>
2. <u>Cindy Soen</u>	<u>3920 86th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/17/11</u>
3. <u>Vicki Soen</u>	<u>3524-7th Ave. Apt 119</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha 53140</u>	<u>3/19/11</u>
4. <u>Jimmy RIVERS</u>	<u>3524-7th Ave Apt 206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/20/11</u>
5. <u>Mike A</u>	<u>16506 75th St</u> <u>BRISTOL WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>BRISTOL</u> <input type="checkbox"/> City	<u>3/26/11</u>
6. <u>PA</u>	<u>4011 83rd St</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-29-11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Candia Soens - Fran Cecil, certify:

I reside at 4011-83rd St. Kenosha WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/29/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1842

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

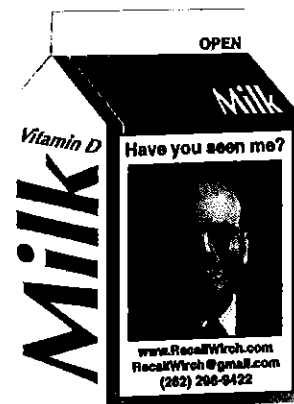
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kelly Olson</u>	<u>12723 15th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>4/5/2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Kelly Olson (name of circulator), certify:

I reside at 12723 15th Ave Kenosha WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/2011
(date)

Kelly Olson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1843

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

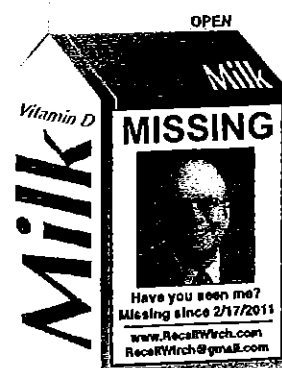
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>David Hill</u> <u>David C. Hill</u>	<u>3111D 76th St</u> <u>Salem WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-10-11</u>
2. <u>Martin Wiechert</u> <u>Martin Wiechert</u>	<u>117 Katie Dr</u> <u>Silver Lake WI 53170</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>3-10-11</u>
3. <u>Dennis Hubbard</u> <u>Dennis Hubbard</u>	<u>1522 E Lakeview Drive</u> <u>Twin Lake WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lake</u>	<u>3-10-11</u>
4. <u>Tracy Dortch</u> <u>Tracy Dortch</u>	<u>9389 402nd Ave</u> <u>Genoa City WI 53128</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u>	<u>3-10-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Stephen Dortch, certify:
(name of circulator)
I reside at 9389 402nd Ave. Genoa City WI 53128 town of Randall.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-10-2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jill O Ovitt</u>	<u>4303-24th ST</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
2. <u>Stephan A. Agatonovich</u>	<u>614 C-15th PL</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
3. <u>Paul J. [Signature]</u>	<u>4303-24th ST</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jill Ovitt, certify:

I reside at 4303-24th ST Kenosha, WI 53144
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Jill O Ovitt
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Evelyn M. Harvity</u>	<u>420 S. English Settlement Ave</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Racine County</u> <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-7-2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Evelyn M. Harvity, certify:

(name of circulator)

I reside at 420 S. English Settlement Ave Burlington WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

April 7, 2011
(date)

Evelyn M. Harvity
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	4722 710 th Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	2/27/11
2.	7832 7 th Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	2/27/11
3.	11056-40 th AVENUE PLEASANT PRAIRIE WI 53193	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	2/27/11
4.	5604 4 th Ave Kenosha, WI. 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	2/28/11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, WILLIAM M DREHER, certify:

(name of circulator)

I reside at 6036 51st AVE KENOSHA WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-6-11

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1847

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

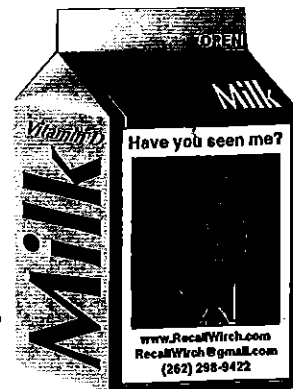
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>W.A. Borchardt</u>	<u>3630 115th St.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	<u>4/6/2011</u>
2. <u>Paula E. Borchardt</u>	<u>3630-115th St.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	<u>4/6/2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, William A. Borchardt Certification of Circulator, certify:

I reside at 3630 115th St. Pleasant Prairie WI 53158
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/6/2011
(date)

W.A. Borchardt
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1848

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Archie Olsen</u>	<u>7317 39th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-11</u>
2. <u>Sam Styles</u>	<u>4303 8th Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-11</u>
3. <u>Tim Zwicker</u>	<u>4303 8th AVE</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-11</u>
4. <u>Loch B...</u>	<u>4303 8th Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, ROBERT R. STYLES, certify:

(name of circulator)

I reside at 12135 39TH AVE. PLEASANT PRAIRIE WI. 53158

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/6/2011
(date)

Robert R. Styles
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1849

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Brandi M. Sieck</u>	<u>5506 Washington Rd #20</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-27-11</u>
2. <u>Donna M. Jerde</u>	<u>11719 336 AVE</u> <u>P.O. Box 323 WILMOT, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u>	<u>3-27-11</u>
3. <u>J Z Schale</u>	<u>11719 336th AVE</u> <u>P.O. BOX 323 WILMOT, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u>	<u>4/6/2011</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Donna Jerde, certify:
(name of circulator)

I reside at 11719 336 AVE. RANDALL TOWNSHIP
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/6/11
(date)

Donna Jerde
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1850

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Donna M Duda</u>	<u>1309 Sheridan Rd.</u> <u>Kenosha, WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4/5/11</u>
2. <u>Mike Chaudharian</u>	<u>932 Sheridan Rd.</u> <u>Kenosha, WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4/5/11</u>
3. <u>Robert Schuly</u>	<u>4331 12th Pl</u> <u>KENOSHA WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u>	<u>4/5/11</u>
4. <u>Alin B. B.</u>	<u>106 8th Ct.</u> <u>RACINE, WI 53403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u>	<u>4/5/11</u>
5. <u>[Signature]</u>	<u>121 33rd Ave</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4/5/11</u>
6. <u>[Signature]</u>	<u>4001-5th Pl</u> <u>KENOSHA</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4/5/11</u>
7. <u>[Signature]</u>	<u>2216 1st Circle</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4/5/11</u>
8. <u>George Huphold</u>	<u>122-33 Ave</u> <u>Kenosha 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-5-11</u>
9. <u>[Signature]</u>	<u>523 13th Ave</u> <u>RACINE, WI 53403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u>	<u>4-5-11</u>
10. <u>Mary Johnson</u>	<u>523 13th Ave.</u> <u>Racine, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-5-11</u>

Certification of Circulator

I, Kristie L. Formolo, certify:
(name of circulator)

I reside at 4829 Old Green Bay Rd Racine, WI 53403 Somers
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Kristie L Formolo
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

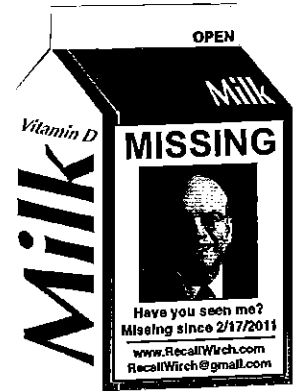
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>STEPHEN FELLERBACH</u>	<u>4111-6TH ST.</u>	<input checked="" type="checkbox"/> Town <u>SOMERS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11.</u>
2. <u>[Signature]</u>	<u>2901 10TH PL</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
3. <u>[Signature]</u>	<u>969 Wood Rd</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>[Signature]</u>	<u>APT 212</u> <u>176 28th Ave</u> <u>RACINE, WI 53403</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
5. <u>[Signature]</u>	<u>2515 14th PLACE</u> <u>KENOSHA, WI</u>	<input checked="" type="checkbox"/> Town <u>SOMERS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>04-05-11</u>
6. <u>Betty Robinson</u>	<u>2627 11th ST</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
7. <u>Robert Yang</u>	<u>669 WOOD ROAD</u> <u>KENOSHA WI</u>	<input checked="" type="checkbox"/> Town <u>Somer</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
8. <u>TOD ELVERMAN</u>	<u>574-11th ST</u> <u>KENDSHA WI 53140</u>	<input checked="" type="checkbox"/> Town <u>SOMERS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u> <u>TE</u>
9. <u>[Signature]</u>	<u>574-11th ST</u> <u>KENDSHA WI 53140</u>	<input checked="" type="checkbox"/> Town <u>SOMERS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Kristie L. Formolo, certify:
(name of circulator)

I reside at 4829 Old Green Bay Rd Racine, WI 53403 Somers
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Kristie L Formolo
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

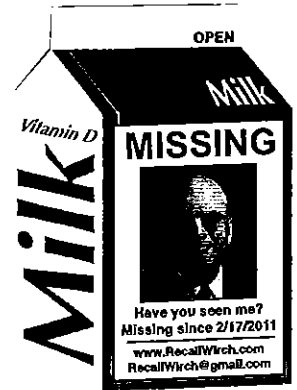
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Elvira Orth</u>	<u>123-26 AOE</u> <u>Racine, WI</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
2. <u>Angelika Klamme</u>	<u>1915-2nd PLACE</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4.5.11</u>
3. <u>[Signature]</u>	<u>123 26th</u> <u>Racine</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>[Signature]</u>	<u>700 SHERMAN RD</u> <u>KENOSHA, WI 53140</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
5. <u>Yvonne B. Ortiz</u> <u>Simon B. Ortiz</u>	<u>304 W 20th St.</u> <u>KENOSHA, WI 53140</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kristie L. Formolo, certify:
(name of circulator)

I reside at 4829 Old Green Bay Rd Racine, WI 53403 Somers
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Kristie L. Formolo
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

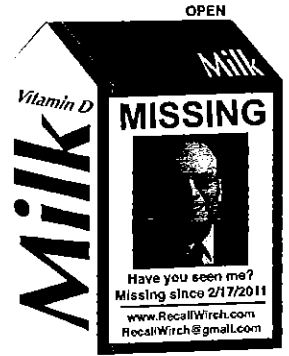
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Tammy Coose	199 Lynne Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	3/7/11
2. Kathleen Yula	2062 MEAGANS WAY	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TWIN LAKES	3/7/11
3. William E. Ecker	2062 MEAGANS WAY	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TWIN LAKES	3/7/11
4. Sharon Sandra Kofke	2056 Meagan's Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	3/7/11
5. Michelle La Rose	2056 Meagan's Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	3/7/11
6. Vicki Maki	204 Lynne Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TWIN LAKES	3/7/11
7. Tim Tim	204 Lynne Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TWIN LAKES	3/7/11
8. Amy Williams	2033 Mathewick Twin Lakes WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	3/7/11
9. Jeffrey B. Coose	199 Lynne Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TWIN LAKES	3/7/11
10. Don Don	2056 Lynne Dr TWIN LAKES, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TWIN LAKES	3/7/11

Certification of Circulator

I, GARY BOROWSKI, certify:

(name of circulator)

I reside at 223 WALNUT RD. TWIN LAKES WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date) 3/11/11

(signature of circulator)

Please mail this form to: Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, hunc: gab.wi.gov, email: gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1854

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

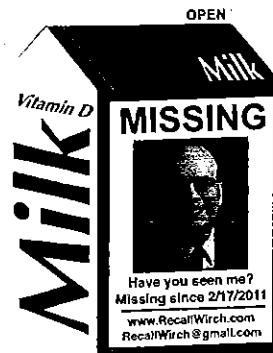
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Gary Borowski</u>	<u>P.O. Box 814</u> <u>223 WALNUT RD</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>4/1/11</u>
2. <u>Cathy Borowski</u>	<u>P.O. Box 814</u> <u>223 WALNUT RD</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>4/4/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, GARY BOROWSKI, certify:

I reside at 223 WALNUT RD. TWIN LAKES, WI.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/4/11
(date)

Gary Borowski
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Sheryl Lefkowitz</u>	<u>853 Bayview Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKE</u>	<u>4-5-11</u>
2. <u>Wendy J. Lee</u>	<u>1753 E. Lake Shore</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKE</u>	<u>4-5-11</u>
3. <u>Bernard J. Bythell</u>	<u>119 Hawthorne Dr</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKE</u>	<u>4-5-11</u>
4. <u>William D. ...</u>	<u>336 MARLOW AVE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKE</u>	<u>4/5/11</u>
5. <u>Ann Gough</u>	<u>1625 Sunnyside Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>4/5/11</u>
6. <u>George Trorm</u>	<u>1318 PARON RD.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKE</u>	<u>4-5-11</u>
7. <u>Deey & V. ...</u>	<u>523 Tomahawk</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4-5-11</u>
8. <u>John ...</u>	<u>775 Estate Dr</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4/5/11</u>
9. <u>Dina Bugliff</u>	<u>1718 Sunset Dr</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4/5/11</u>
10. <u>Mr. J. ...</u>	<u>316 OAKRIDGE PR</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKE</u>	<u>4/5-11</u>

Certification of Circulator

I, Terry Sommer, certify:

(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Terry Sommer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

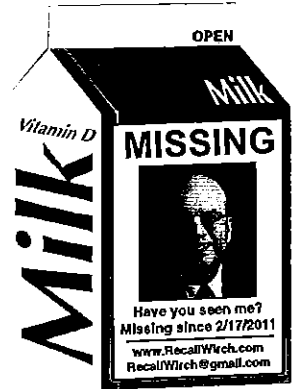
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kristin Wachling</u>	<u>1915 Sycamore St</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>Ann Wachling</u>	<u>1915 Sycamore St</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
3. <u>Valerie L. Browne</u>	<u>230 Sundurst Ave</u> <u>TWIN LAKES, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>Lynette G. Meyer</u>	<u>336 Martin Ave</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
5. <u>John M. Meyer</u>	<u>314 W Main</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
6. <u>Jeff Coone</u>	<u>199 Lynne Dr</u> <u>TWIN LAKES WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>4-5-11</u>
7. <u>Maisha Carson</u>	<u>548 Gatewood Dr</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
8. <u>Brenda Fain</u>	<u>320 W. Main St.</u> <u>TWIN LAKES</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>4-5-11</u>
9. <u>Mozelle Weaver</u>	<u>320 W. MAIN ST</u> <u>TWIN LAKES</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>4-5-11</u>
10. <u>Bob Rohr</u>	<u>419 Indian Point Rd</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>

Certification of Circulator

I, Terry Sommer, certify:

(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Terry Sommer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1857

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kathleen Gaffney	3144 Howden	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4-5-11
2. Eugene Barbo	313 Hunt Tr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4-5-11
3. Donna Means	308 Buck Trail	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4-5-11
4. Mr. HA	509 Midway Blvd. 171 in Lake Hill 53118	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TWIN LAKES	4-5-11
5. Carl J. G.	718 ESTATE DR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TWIN LAKES	4-5-11
6. Jeff H.	1902 Sunset Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4-5-11
7. Bill R. Miller	1620 Pheasant Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4/5/11
8. J. J. J.	1143 Wingfoot Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4/5/11
9. Patricia Anderson	608 Bayview Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4/5/11
10. James F. Dwyer	517 Mary Knoll Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4/5/11

Certification of Circulator

I, Terry Sommer, certify:

(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date) 4/5/11

Terry Sommer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Main Meyer</u>	<u>292 W PARK DR.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>Tim Pitt</u>	<u>531 Houda Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
3. <u>Ayane High</u>	<u>718 Estate Dr.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>Carrie Burchett</u>	<u>1449 Richmond</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
5. <u>Quinn Weber</u>	<u>415 W. Main</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
6. <u>Joseph B...</u>	<u>2508 STIMERT ROAD</u> <u>TWIN LAKES WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
7. <u>David L...</u>	<u>1191 Highway 100</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
8. <u>Michael J. Froehlich</u>	<u>1342 LOCILE AVE</u> <u>TWIN LAKES</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>4-5-11</u>
9. <u>Jane A. Nelson</u>	<u>314 W MAIN</u> <u>TWIN LAKES</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKE</u> <input type="checkbox"/> City	<u>4/5/11</u>
10. <u>J. Richter</u>	<u>115 Richter</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>

Certification of Circulator

I, Terry Sommer, certify:
(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/5/11
(date)

Terry Sommer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1859

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

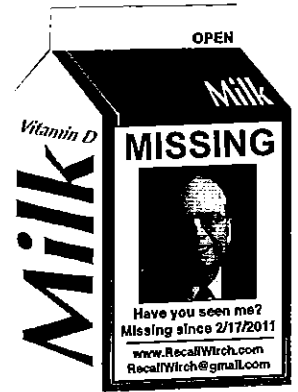
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Juliette Paray</u>	<u>2812 Shady Lane</u>	<input checked="" type="checkbox"/> Town <u>Twin Lakes</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
2. <u>Heather Bauer</u>	<u>1500 METZGER DR</u> <u>TWIN LAKES</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
3. <u>Daniel W Borna</u>	<u>1926 Esch Rd.</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
4. <u>Max Starks</u>	<u>739 Roosevelt Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
5. <u>[Signature]</u>	<u>Rocky Mountain</u> <u>Chun Lake</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
6. <u>Wagner Del...</u>	<u>235 Hawthorn Dr</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
7. <u>Kenny</u>	<u>292 W. Park Dr</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
8. <u>J. J. Jankowski</u>	<u>557 MAPLEHILL</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
9. <u>David Freeman</u>	<u>1416 EAST LAKESHORE DR.</u> <u>TWIN LAKES</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
10. <u>Deborah Freeman</u>	<u>1416 E. Lakeshore Dr.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>

Certification of Circulator

I, Terry Sommer, certify:

(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes

(circulator's residence - include number, street, and municipality)

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(date)

4/5/11

(signature of circulator)

Terry Sommer

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Terry Sommer</u>	<u>6913 WOMACK LAKE</u> <u>BURLINGTON WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>4/1/11</u>
2. <u>Carol N. Hunt</u>	<u>3015 Sheard Rd</u> <u>Burlington WI 53108</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/1/11</u>
3. <u>Barbara Buerer</u>	<u>3020 45th St</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-1-11</u>
4. <u>Mary Marchowski</u>	<u>571 Edgewood Dr</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-1-11</u>
5. <u>Spencer B. Rapp</u>	<u>591 Edgewood Dr</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-1-11</u>
6. <u>Cheryl Ann Gray</u>	<u>118 Schorn's Lane</u> <u>Twin Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4/5/11</u>
7. <u>Stanley</u>	<u>118 Schorn's Lane</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4/5/11</u>
8. <u>Ain McCracken</u>	<u>115 WALKER RD</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4/5/11</u>
9. <u>CHERYL L. BRANE</u> <u>Cheryl L. Brane</u>	<u>210 OAK CT</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LKS</u>	<u>4.5.11</u>
10. <u>Kenneth A. Gyer</u>	<u>1849 Sunset Dr</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4-5-11</u>

Certification of Circulator

I, Terry Sommer, certify:

(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Terry Sommer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1861

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [Signature]	611 Gatewood Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4/5/11
2. <u>Michael R. Kase</u>	<u>215 E. School St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/05/11</u>
3. <u>[Signature]</u>	<u>2033 Matthew Ave</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/05/11</u>
4. <u>Amy Wilcema</u>	<u>2033 Matthew Ave</u> <u>Twin Lakes, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/05/11</u>
5. <u>Sherron Kinnell</u>	<u>1973 E. Lake Shore</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
6. <u>Wayne Kinnell</u>	<u>1973 E. LAKE SHORE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
7. <u>Diane Ausio</u>	<u>606 Gatewood Dr</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
8. <u>Kim Bever</u>	<u>2038 Matthew</u> <u>Twin Lakes, WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
9. <u>Thomas Thaler</u>	<u>34202 116 St</u> <u>TWIN LAKES WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>4-5-11</u>
10. <u>[Signature]</u>	<u>1920 Willow Rd</u> <u>TWIN LAKES WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>4/5/11</u>

Certification of Circulator

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(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes

(circulator's residence - include number, street, and municipality)

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4/5/11
(date)

Terry Sommer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

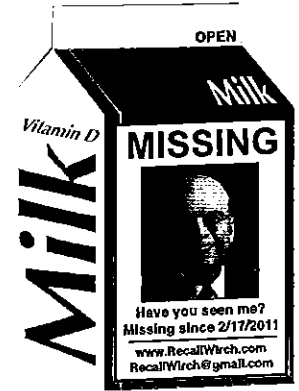
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kimberly Lewis</u>	<u>2311 CATHARINE AVE</u> <u>Twin Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4/5/2011</u>
2. <u>David Webb</u>	<u>125 Strickland A</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4/5/2011</u>
3. <u>Nancy Hutchinson</u>	<u>810 Point O' Woods</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4/5/2011</u>
4. <u>Robert Anderson</u>	<u>204 Lynne Drive</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4/5/2011</u>
5. <u>RICH BEAUNE</u>	<u>210 Oak Ct</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>4-5-11</u>
6. <u>Richard Rzonca</u>	<u>336 Kriwel Ave</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4-5-11</u>
7. <u>Rickann Barker</u>	<u>197 Christie Ct</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4-5-11</u>
8. <u>Glen Barker</u>	<u>197 Christie Ct</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4-5-11</u>
9. <u>John B. Lely</u>	<u>1537 Sunset Dr</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4-5-11</u>
10. <u>[Signature]</u>	<u>209 MAUREEN TWIN LAKE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4-5-11</u>

Certification of Circulator

I, Terry Sommer, certify:
(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Terry Sommer
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Cherry Day</u>	<u>726 Ridge Circle</u>	<input checked="" type="checkbox"/> Town <u>Twin Lakes</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>[Signature]</u>	<u>1501 [unclear] Dr</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
3. <u>[Signature]</u>	<u>725 [unclear] Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	
4. <u>Kyle Kensch</u>	<u>1151 spyglass Ct.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
5. <u>[Signature]</u>	<u>[unclear]</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
6. <u>Ken Pul</u>	<u>316 ICRWIEL</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>4-5-11</u>
7. <u>Nikki Meyers</u>	<u>440 Elm Ct.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>4-5-11</u>
8. <u>Brandy Ketchum</u>	<u>1338 Lucille</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
9. <u>Kim Bushey</u>	<u>35501 116th St</u> <u>Twin Lakes, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
10. <u>Susan Robinson</u>	<u>2537 Steinert Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>

Certification of Circulator

I, Terry Sommer, certify:
(name of circulator)

I reside at 611 Gatewood Dr Twin Lakes
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Terry Sommer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Melissa Collins</u>	<u>1537 Sunset DR</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
2. <u>Leresa Morken</u>	<u>1901 Willow Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4/5/11</u>
3. <u>Ron Smith</u>	<u>1134 Meadowlark Way</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
4. <u>Bob Smith</u>	<u>1134 Meadowlark Way</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
5. <u>Melodee Murphy</u>	<u>710 Eisenhower Ct</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
6. <u>Jared Adams</u>	<u>337 Oak Ridge Dr.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
7. <u>Shawn Schult</u>	<u>1766 Sycamore</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
8. <u>Deborah Stephenson</u>	<u>1809 Musker Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
9. <u>Ang Hines</u>	<u>120 Towns Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>
10. <u>Kathleen Kenna</u>	<u>2405 Grace St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>4-5-11</u>

Certification of Circulator

I, Terry Sommer, certify:
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4/5/11
(date)

Terry Sommer
(signature of circulator)

Please mail this form to:

Recall Wirch

GAB-179 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, <http://gab.wi.gov> email: gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1865

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

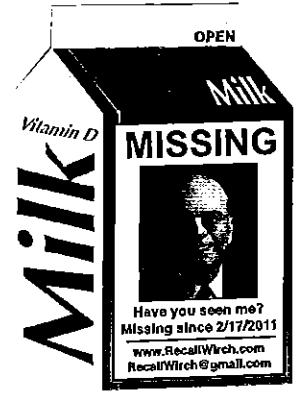
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Yvonne Bonin</u>	<u>1926 Esch Rd</u> <u>Twin Lakes WI 53181</u>	<input checked="" type="checkbox"/> Town <u>Twin Lakes</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>Diana Beattie</u>	<u>125 E. School St</u> <u>TWIN LAKES</u>	<input checked="" type="checkbox"/> Town <u>Twin Lakes</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
3. <u>Laura A. Hells</u>	<u>1618 2ND ST</u> <u>TWIN LAKES</u>	<input checked="" type="checkbox"/> Town <u>Twin Lakes</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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4/5/11
(date)

Terry Sommer
(signature of circulator)

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(official with whom nomination papers or declaration of candidacy for the office is filed)

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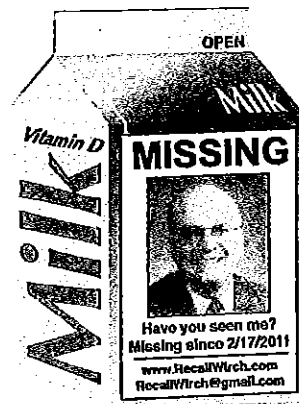
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kenneth O. Smith</u>	<u>20701 - 31st St</u> <u>Bristol WI</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>Susan R. Smith</u>	<u>20701 31st St.</u> <u>Bristol, WI 53104</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
3. <u>Donna Bianchi-Schultz</u>	<u>17312 - 38th St.</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>Timothy J. Smith</u>	<u>20906 31st STREET</u> <u>UNION GROVE WI 53182</u>	<input checked="" type="checkbox"/> Town <u>PARIS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
5. <u>Wagner Beth</u>	<u>15420 12th STREET</u> <u>KENOSHA, WI 53144</u>	<input checked="" type="checkbox"/> Town <u>PARIS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
6. <u>[Signature]</u>	<u>21087 BURLINGTON RD</u> <u>UNION GROVE, WI 53182</u>	<input checked="" type="checkbox"/> Town <u>PARIS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
7. <u>Diane Rortz</u>	<u>20306 31st ST</u> <u>BRISTOL, WI 53104</u>	<input checked="" type="checkbox"/> Town <u>OF PARIS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
8. <u>Ben [Signature]</u>	<u>13101 15th ST</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
9. <u>Dave [Signature]</u>	<u>1900 176th Ave</u> <u>Kenosha WI</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
10. <u>Heidi Schultz</u>	<u>3500 213th Ave</u> <u>Bristol, WI</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>

Certification of Circulator

I, Patrick Powl, certify:

(name of circulator)

I reside at 3810 126th Ave Kenosha WI 53144 Paris
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1867

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

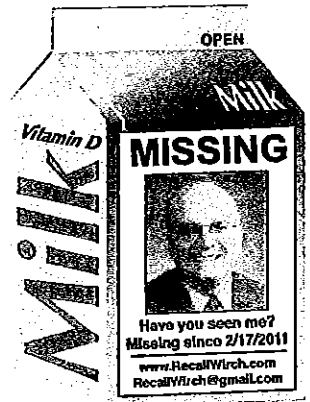
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Cindy Piwowarczyk	3325 213 AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PARIS	4/5/11
2. [Signature]	3325 213 AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PARIS	4/5/11
3. [Signature]	10404 Burlington Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paris	4/5/11
4. [Signature]	3463 - 213th AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paris	4/5/11
5. [Signature]	12910 60th ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paris	4/5/11
6. [Signature]	531 - 144th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paris	4-5-11
7. [Signature]	531 144th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PARIS	4/5/11
8. [Signature]	15603 12 ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paris	4/5/11
9. Nancy Wagner	20906 31st ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paris	4/5/11
10. Richard Schaefer	15509-12th ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Paris	4/5/11

Certification of Circulator

I, Petrush Pord, certify:

I reside at 3810 17th AL Kenosha WI 53144 Paris
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-7-11
(date)

Petrush Pord
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1868

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

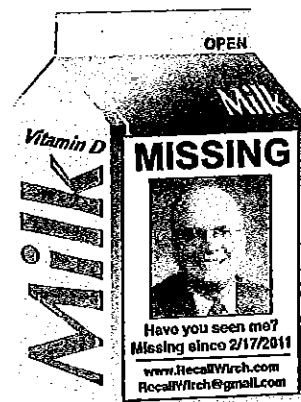
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Don Kammerzell</u>	<u>13900 7th St.</u> <u>Union Grove WI</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/13/11</u>
2. <u>Luey Fox</u>	<u>21623 31st St</u> <u>Bristol</u>	<input checked="" type="checkbox"/> Town <u>Brighton</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/14/11</u>
3. <u>Tom Bragga</u>	<u>804 North Riverside</u> <u>Silver Lake WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Silver Lake</u> <input type="checkbox"/> City	<u>3-18-11</u>
4. <u>Brian Muhlenbeck</u>	<u>2915 16th Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Paris</u> <input type="checkbox"/> City	<u>4-5-11</u>
5. <u>Gary Gatz</u>	<u>21230 15th St</u> <u>Union Grove WI 53182</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Paris</u> <input type="checkbox"/> City	<u>4-5-11</u>
6. <u>Nancy Grasser</u>	<u>13800 7th St.</u> <u>Union Grove, WI 53182</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Paris</u> <input type="checkbox"/> City	<u>4-5-11</u>
7. <u>[Signature]</u>	<u>21009 9th St.</u> <u>Kansville, WI 53139</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Paris</u> <input type="checkbox"/> City	<u>4-5-11</u>
8. <u>Mark Capodanno</u>	<u>708-136th</u> <u>Union Grove WI 53182</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Paris</u> <input type="checkbox"/> City	<u>4-5-11</u>
9. <u>[Signature]</u>	<u>1133 200th Ave</u> <u>Union Grove WI 53182</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Paris</u> <input type="checkbox"/> City	<u>4/5/11</u>
10. <u>Chris Jodi</u>	<u>21501 9th St</u> <u>Kansville WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Paris</u> <input type="checkbox"/> City	<u>4/5/11</u>

Certification of Circulator

I, Peter Paul, certify:

I reside at 3810 176th Ave Kenosha WI 53144 Paris
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-7-11
(date)

Peter Paul
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

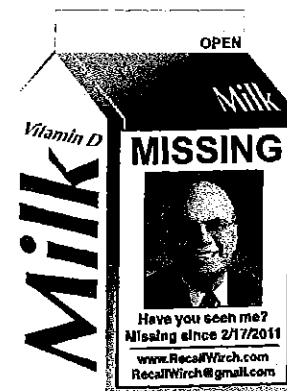
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	316 Conkey St.	<input checked="" type="checkbox"/> Town Burlington	3/27/2011
2. <i>[Signature]</i>	316 Conkey St. Burlington, WI 53105	<input checked="" type="checkbox"/> Town Burlington	3/27/11
3. <i>[Signature]</i>	1605 Elm St 1310 Crossway Rd.	<input checked="" type="checkbox"/> Town Burlington	3/27/11
4. <i>[Signature]</i>	209 West Jefferson St. Burlington, WI 53105	<input checked="" type="checkbox"/> Town Burlington	3/27/11
5. <i>[Signature]</i>	209 W. Jefferson St	<input checked="" type="checkbox"/> Town Burlington	3/27/11
6. <i>[Signature]</i>	525 Walnut St	<input checked="" type="checkbox"/> Town Burlington	3-28-11
7. <i>[Signature]</i>	525 Walnut St	<input checked="" type="checkbox"/> Town Burlington	3-28-11
8. <i>[Signature]</i>	516 Walnut St Burlington, WI	<input checked="" type="checkbox"/> Town Burlington	3/28/11
9. <i>[Signature]</i>	525 Walnut Burlington, WI	<input checked="" type="checkbox"/> Town Burlington	3-28-11
10. <i>[Signature]</i>	540 Walnut St. Burlington, WI 53105	<input checked="" type="checkbox"/> Town Burlington	3-28-11

Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 State St. Burlington Wis. 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-28-11
(date)

Charles Krause
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

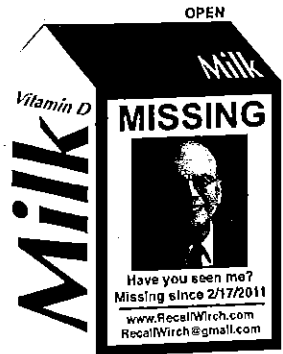
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Chad R. Buchanan</u>	<u>3377 115th Street</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>03-08-11</u>
2. <u>Grian Buchanan</u>	<u>3377 115th St.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-8-11</u>
3. <u>Stef Jensen</u>	<u>2232 Lincoln Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha, WI</u>	<u>3-9-11</u>
4. <u>Jim Hump</u>	<u>4418 HARDING RD</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA, WI.</u>	<u>3-9-11</u>
5. <u>John</u>	<u>3240-98th Place</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-9-11</u>
6. <u>Mark S. H.</u>	<u>7832-10th Ave.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>3/9/11</u>
7. <u>Wendy</u>	<u>9203-62nd Cr</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/9/11</u>
8. <u>PL</u>	<u>2319 Buchan Rd</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA, WI</u>	<u>03-09-11</u>
9. <u>James J. J.</u>	<u>3128-55th Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03-15-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Chad R. Buchanan, certify:
(name of circulator)

I reside at 3377-115th Street Pleasant Prairie, WI 53158
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

04-07-11
(date)

Chad R. Buchanan
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1871

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

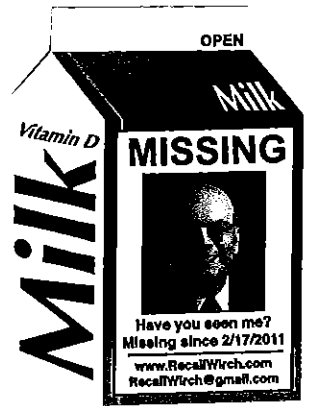
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Patricia A. Riley</u>	<u>6123-25 Ave.</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
2. <u>Dorey J. Riley</u>	<u>3402 88th Street</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3/2/11</u>
3. <u>Aileen R. Haffner</u>	<u>4703 Harding Rd</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3/6/11</u>
4. <u>Beth C. Haffner</u>	<u>4303 Harding Rd</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3/6/11</u>
5. <u>Karen Kinsler</u>	<u>4724 41st St.</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3-22-11</u>
6. <u>John J. Kofl</u>	<u>14724 W. St.</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3/25/11</u>
7. <u>Jeffrey J. Haffner</u>	<u>3429 99th St</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4-2-11</u>
8. <u>Patricia A. Haffner</u>	<u>3429-99 St.</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-2-11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Michael Riley, certify:

(name of circulator)

I reside at 3402 - 88th Street Kenosha, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

April 5th, 2011
(date)

Michael Riley
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1872

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirth 22nd District State Senate of Wisconsin

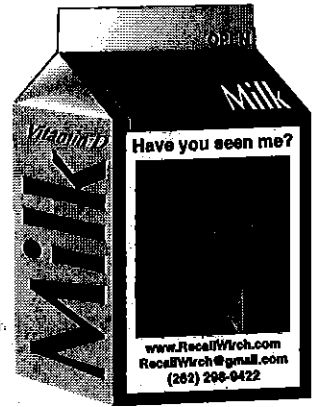
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Linda Rindo</u>	<u>3015 Cottonwood Ct</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/1/11</u>
2. <u>Anna Stevens</u>	<u>3317 Charles St.</u> <u>Upper Racine, WI 53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>4.2.11</u>
3. <u>Connie Holbicht</u>	<u>P.O. Box 548</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Linda Rindo, certify:

(name of circulator)

I reside at 3015 Cottonwood Ct, Burlington, WI 53105 Racine Cty, Burlington Town

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date) 4/6/11

Linda Rindo
(signature of circulator)

Please mail this form to: Recall Wirth

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

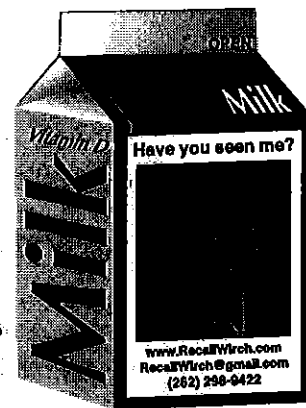
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Therese M. Yakish</u>	<u>164 MONICA Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Philip J. Yakish **Certification of Circulator**, certify:

I reside at 164 MONICA Ave. Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-6-11
(date)

Philip J. Yakish
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

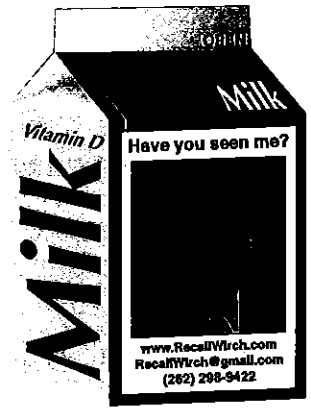
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jim Ritz</u>	<u>53168</u> <u>21916 84TH ST.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3/26/11</u>
2. <u>Royce SUGAL</u>	<u>53168</u> <u>22206 SALEM RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-27-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Vincent J. Cherry **Certification of Circulator**, certify:
(name of circulator)
I reside at 22206 SALEM RD SALEM WI 53168
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

Vincent J. Cherry Vincent J. Cherry
(signature of circulator)

3-29-11

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

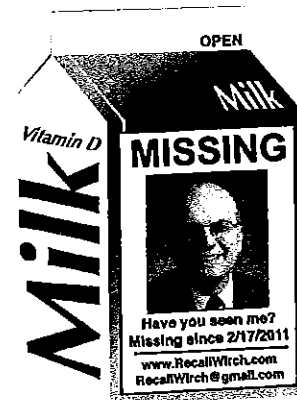
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Justin Hintz	7731 Melaney St. Burlington, WI 53105	<input checked="" type="checkbox"/> Town Burlington	3/5/11
2. Holly Hintz	35301 Chestnut St Burlington, WI 53105	<input checked="" type="checkbox"/> Town Burlington	3-5-11
3. Joseph Christ	35301 Chestnut St Burlington WI 53105	<input checked="" type="checkbox"/> Town Burlington	3/5/11
4. Joseph Christ	35301 Chestnut St Burlington WI 53105	<input checked="" type="checkbox"/> Town Burlington	3-5-11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Roger Koblewax **Certification of Circulator**, certify:
(name of circulator)
I reside at 372 Conkey Street Burlington WI 53105 city of Burlington.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

7-6-11 (date) Roger Koblewax (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Conni R. Berg</u>	<u>3900 - 200 Ave</u> <u>Bristol, WI 53104</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>2/27/11</u>
2. <u>Y-R-R</u>	<u>3900 - 200th Ave</u> <u>Bristol, WI 53104</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>2/27/11</u>
3. <u>Christy L. Hoff</u>	<u>5127-22nd St</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>2/3/2011</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Christy L. Hoff, certify:

(name of circulator)

I reside at 5127-22nd Street, Kenosha WI 53144 Town of Somers

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/7/2011
(date)

Christy L. Hoff
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1877

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Erven W. Richter</u>	<u>6342-51st AVE</u> <u>KENOSHA, WIS</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
2. <u>Therese Richter</u>	<u>6342-51st AVE</u> <u>KENOSHA, WIS</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, PAUL KNUUTI Certification of Circulator, certify:

I reside at 6342-51st AVE KENOSHA WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11
(date)

Paul M Knutti
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Susan L. Gibson</u>	<u>15301-1st St.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Paris</u>	<u>3/31/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, X Susan L. Gibson, certify:

I reside at X 15301-1st St. Town of Paris, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

X 4-8-11
(date)

X Susan L. Gibson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1879

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

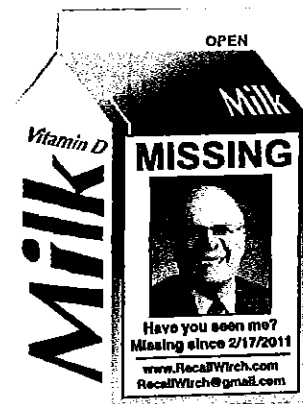
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Mark Starzyk</u>	<u>34530 WALBURG LN</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>3-21-11</u>
2. <u>Robert Wirch</u>	<u>34520 WALBURG LN.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>3-21-11</u>
3. <u>Shawn Kimble</u>	<u>8065 Fishman RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
4. <u>Bob Fisk</u>	<u>5026 330TH AVE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
5. <u>Steven R. Brader</u>	<u>30108 Woodlawn dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/6/2011</u>
6. <u>Pete Smekens</u>	<u>8717 380TH AVE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, MARK STARZYK

Certification of Circulator

, certify:

I reside at 39405 92nd PL Powers Lake WI 53159 P.O. Box 156 Randall
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-6-11
(date)

Mark Starzyk
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

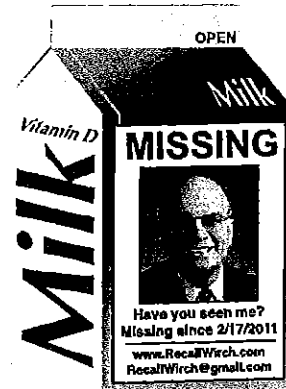
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>32831 Bayview Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
2. <u>[Signature]</u>	<u>8210 Summit Pl</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
3. <u>[Signature]</u>	<u>35020 Ridge Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
4. <u>[Signature]</u>	<u>32705 ROBERTS ST</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
5. <u>[Signature]</u>	<u>8736 Hilltop Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
6. <u>[Signature]</u>	<u>32800 Roberts St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
7. <u>BRIAN FLISS</u>	<u>32873 Bayview Dr.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
8. <u>[Signature]</u>	<u>8710 COUNTRYVIEW LN</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
9. <u>[Signature]</u>	<u>7801 Park St.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
10. <u>[Signature]</u>	<u>34325 Honey Lane</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>

Certification of Circulator

I, Bonnie J. Ketterhagen, certify:
(name of circulator)

I reside at 2000 Crossway Rd. Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

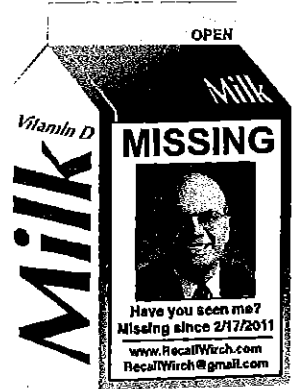
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Renee Rade</u>	<u>7031 McHenry St</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
2. <u>Karleen & Bailey</u>	<u>33633 Moss Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
3. <u>Kathleen M. Johnson</u>	<u>32900 S. Lakeshore Dr</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
4. <u>Mark Johnson</u>	<u>32500 S. Lakeshore Drive</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Bonnie J. Ketterhagen, certify:

(name of circulator)

I reside at 2000 Crossway Rd Burlington WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Bonnie J. Ketterhagen
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

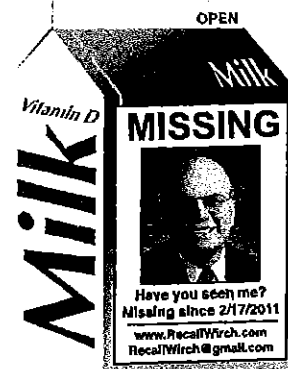
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Robert Galdert</u>	<u>33604 Palm Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
2. <u>Jose M...</u>	<u>7421 Plantation Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
3. <u>Jeff Johnson</u>	<u>8601 McHenry</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
4. <u>Jim ...</u>	<u>8110 Fishman Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
5. <u>...</u>	<u>33815 Yahnke Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
6. <u>Toni ...</u>	<u>33815 Yahnke Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
7. <u>Jeff ...</u>	<u>1910 GREENDALE AVE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
8. <u>...</u>	<u>33633 Moss Road</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>4-5-11</u>
9. <u>Lori C Kramer</u>	<u>8050 Fishman Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
10. <u>Paul Rintz</u>	<u>7855 Greendale Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>

Certification of Circulator

I, Bonnie J. Ketterhagen, certify:

(name of circulator)

I reside at 2000 Crossway Rd. Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Bonnie J. Ketterhagen
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1883

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

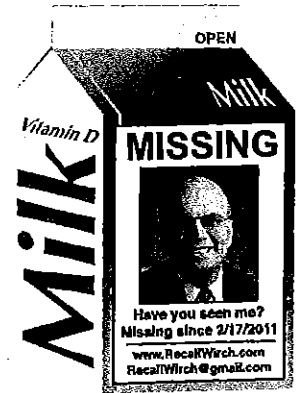
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sharon Asher	8504 Fish Hatchery Rd	<input checked="" type="checkbox"/> Town Burlington	4/5/11
2. [Signature]	8810 Country View Lane	<input checked="" type="checkbox"/> Town Burlington	4/5/11
3. [Signature]	33820 LYNN LN	<input checked="" type="checkbox"/> Town Burlington	4/5/11
4. Lynne Schmid	33820 Lynn Ln	<input checked="" type="checkbox"/> Town Burlington	4/5/11
5. Richard Swick	34110 Euclid Dr	<input checked="" type="checkbox"/> Town Burlington	4/5-11
6. Cindy Kreuder	33815 white oak Dr.	<input checked="" type="checkbox"/> Town Burlington	4/5-11
7. Mark [Signature]	33201 Cardinal Tr	<input checked="" type="checkbox"/> Town Burlington	4/5/11
8. J. [Signature]	33201 Cardinal Tr.	<input checked="" type="checkbox"/> Town Burlington	4/5/11
[Signature]	34600 Walburg Ln	<input checked="" type="checkbox"/> Town Burlington	4/5/11
10. Harold Woydick	34600 Walburg Lane	<input checked="" type="checkbox"/> Town Burlington	4/5/11

Certification of Circulator

I, Bonnie J. Ketterhagen, certify:

(name of circulator)

I reside at 2000 Crossway Rd. Burlington WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Bonnie J. Ketterhagen
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1884

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

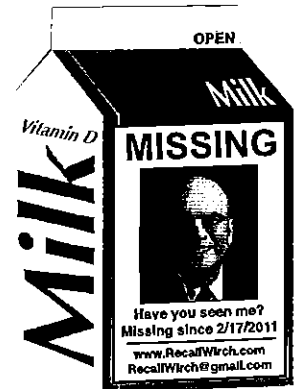
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>John Speck</u>	<u>33600 Dream St</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
2. <u>Joan Wirch</u>	<u>33862 Lakeview Dr</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
3. <u>John Gordon</u>	<u>32916 Karcher Rd</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
4. <u>Ken Cramer</u>	<u>32450 Yahnke Rd</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>4-5-11</u>
5. <u>Janet E. Hillard</u>	<u>33633 Bohner Dr.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
6. <u>Joan M. Smith</u>	<u>8015 Sage</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
7. <u>Shirley A. Mankovich</u>	<u>3050 Ridgeway Dr</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
8. <u>David Wilson</u>	<u>2134 312th Ave</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
9. <u>Amy Engel</u>	<u>32831 Bayview Dr</u> <u>Burlington, WI 53107</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
10. <u>Heather Fettes</u>	<u>8832 Pleasant Run</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>

I, Bonnie J. Hetherhagen, certify:
(name of circulator)
I reside at 2000 Crossway Rd. Burlington WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Bonnie J. Hetherhagen
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

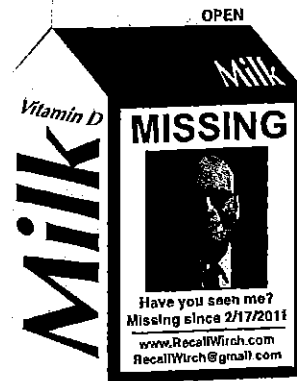
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	33606 Contour Dr Burlington WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	02 APR 11
2.	7300 PINE HATCHERY BURLINGTON WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	2 APR 11
3.	8411 Chocoma Burlington WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	4/5/11
4.	7830 HUMPHYS LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	4/5/11
5.	33625 Contour Dr 1	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Barby tr</u>	4/5/11
6.	4934 McHenry St Burlington, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	4/5/11
7.	7855 Greenway Burlington, WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	4/5/11
8.	8790 Country View Lane (Burlington)	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	4/5/11
9.	8609 FIELDSTONE Burlington, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	4/5/11
10.	8609 FIELDSTONE BURLINGTON WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	4-5-11

Certification of Circulator

I, Bonnie J. Ketterhagen, certify:

(name of circulator)

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(circulator's residence - include number, street, and municipality)

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4/5/11
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

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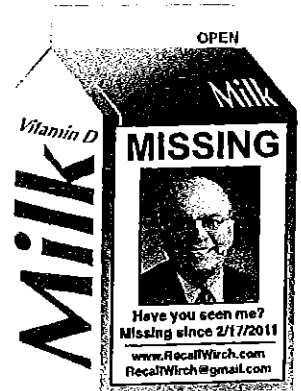
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1. <u>Debbie Roetter</u>	<u>109 South River Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
2. <u>[Signature]</u>	<u>109 S. River Rd.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
3. <u>[Signature]</u>	<u>29600 BUSHNELL RD</u> <u>BURLINGTON, WI, 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
4. <u>Rachel Surpre</u>	<u>29600 Bushnell Rd.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
5. <u>[Signature]</u>	<u>300100 BREWER RD</u> <u>BURLINGTON, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
6. <u>[Signature]</u>	<u>28315 Bushnell Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
7. <u>Alyssa Krumpal</u>	<u>32316 Bushnell Rd</u> <u>Burlington WI, 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
8. <u>[Signature]</u>	<u>32316 BUSHNELL RD</u> <u>323 BURLINGTON WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
9. <u>[Signature]</u>	<u>29643 Durand Ave</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
10. <u>[Signature]</u>	<u>29643 Durand Ave</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>

Certification of Circulator

I, Nelson R. Sohas

(name of circulator)

, certify:

I reside at 2505 Red Oak Drive Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-2011
(date)

Nelson R. Sohas
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>John P. Patta</u>	<u>30030 Circle Dr</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
2. <u>Joseph E. Patta</u>	<u>6530 Wheatland Rd</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
3. <u>Andrea P. Lusetti</u>	<u>183 Parkside North</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4/5/11</u>
4. <u>[Signature]</u>	<u>30010 Arrow Dr</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
5. <u>[Signature]</u>	<u>6062 Bruce Rd</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>"</u>	<u>4/5/11</u>
6. <u>Gary Weber Jr.</u>	<u>30807 Ketterhagen Rd</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>"</u>	<u>4-5-11</u>
7. <u>Jason W. Smiley</u>	<u>2919 Circle Drive</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
8. <u>[Signature]</u>	<u>30807 Ketterhagen Rd</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
9. <u>Christy Daw</u>	<u>2821 Fisher Dr.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
10. <u>Edwin [Signature]</u>	<u>706 S English Settlement</u> <u>Burlington 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>

Certification of Circulator

I, Nelson R. Sohns, certify:
(name of circulator)

I reside at 2505 Red Oak Drive Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-2011
(date)

Nelson R. Sohns
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

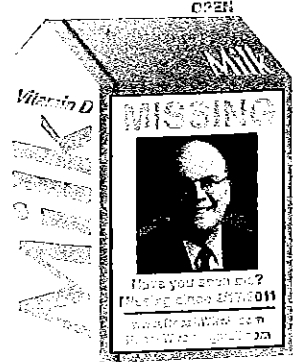
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	29941 Meadow Dr Burlington WI 53105	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11
2. <i>[Signature]</i>	29941 Meadow Drive Burlington WI 53105	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11
3. <i>[Signature]</i>	Brian Howe 1404 Riverknoll Ct	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11
4. <i>[Signature]</i>	6701 River Rd Eric Witte	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11
5. <i>[Signature]</i>	30915 Cedar Dr Burlington, WI 53105	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11
6. <i>[Signature]</i>	1337 River Knoll Burlington WI	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11
7. <i>[Signature]</i>	2115 S. Browns Lake Dr Burlington, WI 53105	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11
8. <i>[Signature]</i>	30809 Weiler Rd Burlington WI 53105	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11
9. <i>[Signature]</i>	3011 S. Browns Lake Dr	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11
10. <i>[Signature]</i>	30424 FOREST DRIVE BURLINGTON, WI	<input checked="" type="checkbox"/> Town BURLINGTON <input type="checkbox"/> Village <input type="checkbox"/> City	4-5-11

Certification of Circulator

I, Nelson R. Sohns, certify:

(name of circulator)

I reside at 2505 Red Oak Drive Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

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4-5-2011
(date)

Nelson R. Sohns
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

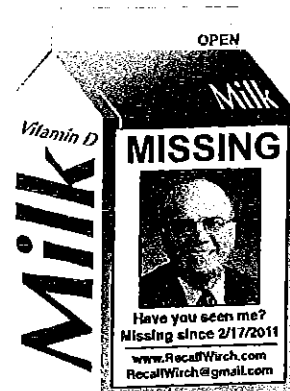
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Lorraine Oldenburg</u>	<u>30215 Poplar Dr.</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
2. <u>Harry R. Oldenburg</u>	<u>30215 Poplar Dr</u> <u>Burlington Wisc</u>	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
3. <u>Danielle McDannell</u>	<u>6645 Brewer Rd</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
4. <u>Michael Z. Hunt</u>	<u>29934 Circle Dr</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Nelson R. Sahas, certify:

(name of circulator)

I reside at 2505 Red Oak Drive Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-2011
(date)

Nelson R. Sahas
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

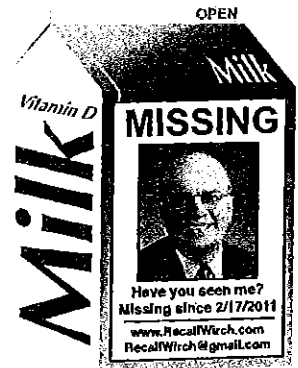
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Deloris A Marson</u>	<u>2201 CROSSWAY Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
2. <u>CM McDowell</u>	<u>6925 Shagbark Ln. 53105</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
3. <u>Mark F. Hutter</u>	<u>32161 Ephraim Rd.</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
4. <u>[Signature]</u>	<u>30602 Pyramid Ave</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
5. <u>[Signature]</u>	<u>1825 S. Drums Lake Dr</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
6. <u>Tiffany L. Crane</u>	<u>1825 S. Browns Lake Dr.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
7. <u>Cheryl Calmes</u>	<u>400 Dunford Dr.</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
8. <u>John Bulach Jr</u>	<u>30801 KETTERHAGEN RD</u> <u>BURLINGTON, WI. 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
9. <u>Jackie Schreder</u>	<u>2100 Beneman Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>
10. <u>DARIN A. TIEDT</u>	<u>3801 Lake Street</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/5/11</u>

Certification of Circulator

I, Nelson R. Sohn, certify:

(name of circulator)

I reside at 2505 Red Oak Drive Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-2011
(date)

Nelson R. Sohn
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Shirley R. A.</u>	<u>3121 Spring Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
2. <u>Olte Beaton</u>	<u>2705 CROSSWAY</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>4-2-11</u>
3. <u>Kim M. Adin</u>	<u>6444 Brewer Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-2011</u>
4. <u>Kurt E. Smith</u>	<u>6444 BREWER RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>5-APR-11</u>
5. <u>Mark Millen</u>	<u>34610 Spruce Prairie</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
6. <u>J. H.</u>	<u>31103 Isobel Lane</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
7. <u>Kenneth J. Granger</u>	<u>30010 Woodlawn Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
8. <u>J.C. Burdick</u>	<u>6554 BREWER RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
9. <u>Myron Smith</u>	<u>2822 Knollcrest</u> <u>Burlington</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
10. <u>Lynn Cramer</u>	<u>29807 Pinewood Dr</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>11</u>	<u>4-5-11</u>

Certification of Circulator

I, Sandra Remer, certify:

(name of circulator)

I reside at 30020 Mound Dr Burlington WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/2011
(date)

Sandra Remer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1892

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

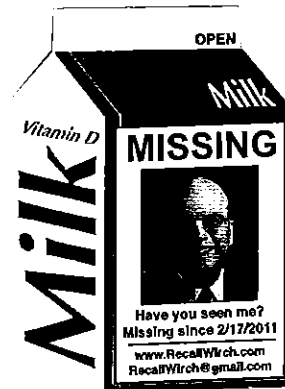
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Peggy S. Weiden</u>	<u>6252 BREVER RD</u> <u>BURLINGTON WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>John Weiden</u>	<u>6252 BREVER RD.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
3. <u>Johannes Bernick</u>	<u>1640 Murphy Ave</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>Susan Novacek</u>	<u>1823 Landre Ct.</u> <u>Burlington</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
5. <u>Judy Blotz</u>	<u>29021 Elm Island</u> <u>Waterford</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6. <u>OW Quaker</u>	<u>30415 Cedar Dr</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
7. <u>K. Delt</u>	<u>280 Garden Ave</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village " " <input checked="" type="checkbox"/> City	<u>4/5/11</u>
8. <u>Michael Cook</u>	<u>2816 Martin Ter</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
9. <u>Donald P. Roberts</u>	<u>30004 Meccasurip</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
10. <u>Robert M. Engle</u>	<u>34415 W Chestnut</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town " " <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>

Certification of Circulator

I, Sandra Remer, certify:
(name of circulator)

I reside at 30020 Mound Dr. Burlington WI
(circulator's residence - include number, street, and municipality)

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4/5/2011
(date)

Sandra Remer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1893

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

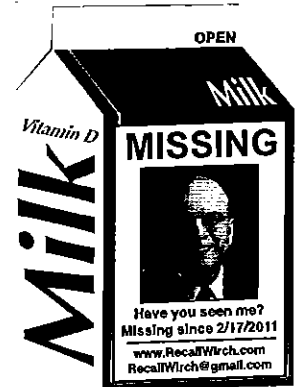
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Rudolph G. ...</u>	<u>2811 SPRING D</u> <u>R</u>	<input checked="" type="checkbox"/> Town <u>BURLINGTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>Jedith Zellmer</u>	<u>120 S. RIVER</u> <u>BURLINGTON, WI</u>	<input checked="" type="checkbox"/> Town <u>BURLINGTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
3. <u>ROLAND ZELLMER</u>	<u>120 S. RIVER RD</u> <u>BURLINGTON WI</u>	<input checked="" type="checkbox"/> Town <u>BURLINGTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>Brian ...</u>	<u>30715 Grand Ave</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
5. <u>James M. ...</u>	<u>1611 S BROWNS LAKE</u> <u>BURLINGTON, WI 53105</u>	<input checked="" type="checkbox"/> Town <u>BURLINGTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
6. <u>Betty G. Vor</u>	<u>30620 Mound Dr #5</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
7. <u>Richard G. Vor</u>	<u>30620 Mound Dr #5</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
8. <u>Jim B.</u>	<u>507 Chestnut</u> <u>Durkington, WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
9. <u>Bob ...</u>	<u>30236 Forest Dr. 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Sandra Remer, certify:

(name of circulator)

I reside at 30020 Mound Dr. Burlington WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Sandra Remer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1894

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Theresa M. Miller</u>	<u>6408 Wheatland Rd.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
2. <u>Jim McCut</u>	<u>30020 Moccasin Dr</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
3. <u>W. Maru Meachem</u>	<u>2331 Cedar St.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
4. <u>William J. Johnson</u>	<u>34344 Mound Dr.</u> <u>30134 Burlington 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
5. <u>Mary Ann Dem</u>	<u>2309 S. Browns Lake</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
6. <u>Dave Stauffer</u>	<u>2309 S. Browns Lake</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
7. <u>Wilson Stapp</u>	<u>8350 Wheatland Rd</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4-5-11</u>
8. <u>Melody Roehl</u>	<u>658 Foxtree Circle</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Sandra Kemer, certify:

(name of circulator)

I reside at 30020 Mound Dr. Burlington WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Sandra Kemer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

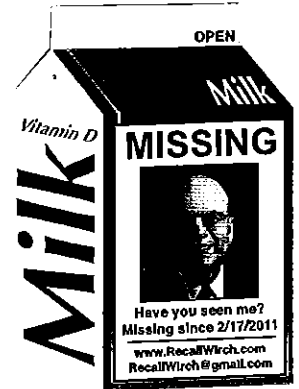
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Brian Daphort</u>	<u>30120 MOCCASIN DR</u>	<input checked="" type="checkbox"/> Town <u>BURLINGTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
2. <u>Paul Zurek</u>	<u>32141 Euphoria Dr</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
3. <u>Jan Schleuter</u>	<u>3411 Fischer Dr</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
4. <u>Sarah Weiss</u>	<u>2815 Knollcrest Rd</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
5. <u>Daniel Mayton</u>	<u>30026 MT Tom Rd</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
6. <u>Tommy Mayton</u>	<u>30026 MT Tom Rd</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
7. <u>Mary Jo Gutheuser</u>	<u>30415 Cedar Drive</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
8. <u>Frank R. Voll</u>	<u>3811 Lake St</u>	<input checked="" type="checkbox"/> Town <u>Barab</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>
9. <u>Elizabeth E. Von</u>	<u>3811 Lake St</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
10. <u>C. M. Munkelt</u>	<u>2915 MARTELL TERRACE</u>	<input checked="" type="checkbox"/> Town <u>BURLINGTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/11</u>

Certification of Circulator

I, Andrea Remer, certify:

(name of circulator)

I reside at 30020 Mound Dr. Burlington WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Andrea Remer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Ron Hyatt</u>	<u>2711 Fischer Dr.</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/2011</u>
2. <u>Cheryl Stark</u>	<u>2525 Springfield Ln.</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/2011</u>
3. <u>Art L. Ro</u>	<u>178 WATERS EDGE CR.</u> <u>BURLINGTON</u>	<input checked="" type="checkbox"/> Town <u>BURLINGTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/2011</u>
4. <u>Mary Jane Bates</u>	<u>6330 BREYER RD.</u> <u>BURLINGTON</u>	<input checked="" type="checkbox"/> Town <u>BURLINGTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/5/2011</u>
5. <u>Carol B.</u>	<u>6370 Breyer Rd</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
6. <u>Josie Beirucke</u>	<u>6520 Westland Rd</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
7. <u>Maureen Ditz</u>	<u>6729 Woodland Rd</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <u>11 11</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
8. <u>Susan D Lange</u>	<u>1727 S. Browns Lake</u> <u>Dr Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
9. <u>DAVID L. SMITH</u>	<u>1727 S. BROWNS LAKE</u> <u>DR BURLINGTON WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>
10. <u>Peter McLachlan</u>	<u>28842 Bushnell Rd</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-5-11</u>

Certification of Circulator

I, Sandra Remer, certify:
(name of circulator)

I reside at 30020 Mound Dr. Burlington WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/11
(date)

Sandra Remer
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	29720 Ketterhagen Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/5/11
2. <i>[Signature]</i>	29720 Ketterhagen Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/5/11
3. <i>Lorna Keckman</i>	28238 Durand Ave.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/5/11
4. <i>[Signature]</i>	28238 Durand Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/5/11
5. <i>[Signature]</i>	30114 Beach Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-5-11
6. <i>[Signature]</i>	30147 Arrow Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4/5/11
7. <i>[Signature]</i>	4406 5 th St Burlington, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City "	4/5/11
8. <i>[Signature]</i>	7737 Whaelland Rd Burlington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-5-11
9. <i>[Signature]</i>	2700 Crossway Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	4-5-11
10. <i>[Signature]</i>	28226 Durand Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURLINGTON	4-5-11

Certification of Circulator

I, Sandra Remer, certify:

(name of circulator)

I reside at 30020 Mound Dr. Burlington WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/5/2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1898

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

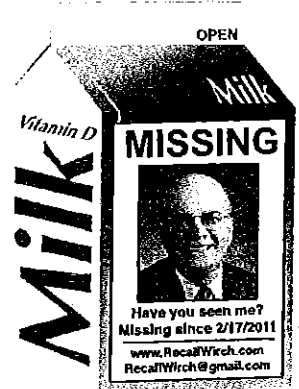
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Dorothy M. May</u>	<u>488 Tower St. Burl. Wi</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
2. <u>Bob Bonman</u>	<u>500 Tower St Burl.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
3. <u>Lucella Clark</u>	<u>542 Tower St Burl</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
4. <u>Steff Wedrup</u>	<u>132 Westridge Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 State St Burlington Wis 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-6-11
(date)

Charles Krause
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

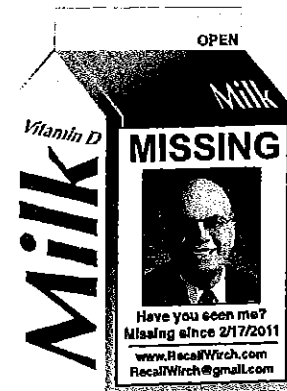
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Anthony Korman</u>	<u>356 Oregon Street</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>03-31-11</u>
2. <u>Janice Luster</u>	<u>280 Peters Pkwy</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-31-11</u>
3. <u>Bob Gardner</u>	<u>248 Peters Parkway</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-31-11</u>
4. <u>Nancy R. Block</u>	<u>216 Peters Pkwy</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-31-11</u>
5. <u>Joseph Reisman</u>	<u>444 Tower Lawn Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-31-11</u>
6. <u>Barb Molitor</u>	<u>454 TOWER LAWN DR</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-31-11</u>
7. <u>Karen Wallace</u>	<u>432 TOWER LAWN DR</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3-31-11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 State ST. Burlington Wis. 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-31-11
(date)

Charles Krause
(signature of circulator)

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 9/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984. 608-266-8005, <http://gab.wis.gov>, email: gab@wis.gov

P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

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